

BOARD MEETING AGENDA

Marriott Suites, Anaheim
12015 Harbor Blvd.
Garden Grove, CA
(714) 750-1000

February 6-7, 2013

Wednesday, February 6, 2013 – 9:00 am

1.0 Call to Order – Board President

Members: Raymond Mallel
Cynthia Klein, RN, Vice President
Erin Niemela
Michael D. Jackson, BSN, RN
Trande Phillips, RN
Jeanette Dong

Executive Officer: Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

3.0 Review and Approve Minutes:

➤ November 28-29, 2012 Meeting Minutes

4.0 Report on Board Members' Activities

5.0 Board and Department Activities

5.1 Executive Officer Report

6.0 Report of the Administrative Committee

Raymond Mallel, President, Public Member, Chairperson

6.1 Board of Registered Nursing 2013 Regulatory Calendar

6.2 Reinstitution of the review process for Feasibility Studies

6.3 Summary of Findings of the 2012 Survey Report of California Active RNs

7.0 Report of the Legislative Committee

Erin Niemela, Public Member, Chairperson

- 7.1 2013-2014 Goals and Objectives for the Two-Year Legislative Session
- 7.2 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

Assembly Bill
AB154

Senate Bill

8.0 Report of the Diversion/Discipline Committee

Cynthia Klein, RN, Direct Patient Care Member, Chairperson

- 8.1 Complaint Intake and Investigations Update
- 8.2 Discipline and Probation Update
- 8.3 Enforcement Statistics
- 8.4 Diversion Program Update and Statistics
- 8.4.1 Diversion Evaluation Committee Member Transfer(s)
- 8.4.2 Diversion Evaluation Committee Member Resignation(s)

9.0 Report of the Education/Licensing Committee

Michael Jackson, BSN, RN, Nurse Educator Member, Chairperson

- 9.1 Ratify Minor Curriculum Revision
- California State University Long Beach Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
 - San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
 - The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
 - University of California, Irvine, Baccalaureate Degree Nursing Program
 - University of San Francisco School of Nursing and Health Professions Entry Level Master's Degree Nursing Program
 - Western Governors University Baccalaureate Degree Nursing Program
 - College of the Sequoias Associate Degree Nursing Program
 - Long Beach City College Associate Degree Nursing Program
 - Santa Barbara City College Associate Degree Nursing Program
 - Sierra College Associate Degree Nursing Program
 - Ventura College Associate Degree Nursing Program
 - University of California, Davis, Family Nurse Practitioner Program (MSN and Post Master's Certificate Programs)

Acknowledge Receipt of Program Progress Report:

- Dominican University of California Baccalaureate Degree Nursing Program
- Samuel Merritt University Baccalaureate Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- ITT Technical Institute Breckinridge School of Nursing Associate Degree Nursing Program (Rancho Cordova)
- Shepherd University Associate Degree Nursing Program

- 9.2 Education/Licensing Committee Recommendations
- A. Continue Approval of Prelicensure Nursing Program
- California Baptist University Baccalaureate Degree and Entry Level Master's Degree Option Nursing Programs
 - California State University, Channel Islands, Baccalaureate Degree Nursing Program
 - California State University, Long Beach, Baccalaureate Degree, Entry-Level Master's Degree and Accelerated Entry Level BSN/MSN Option Nursing Programs
 - California State University, Los Angeles, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
 - California State University, San Marcos, Baccalaureate Degree Nursing Program and Accelerated BSN Option (San Marcos and Temecula campuses)
 - Allan Hancock College Associate Degree Nursing Program
 - College of the Sequoias Associate Degree Nursing Program
 - Moorpark College Associate Degree Nursing Program
 - Ohlone College Associate Degree Nursing Program
- B. Defer Action to Continue Approval of Prelicensure Nursing Program
- American University of Health Sciences Baccalaureate Degree Nursing Program
 - Los Angeles Southwest College Associate Degree Nursing Program
- C. Continue Approval of Advanced Practice Nursing Program
- Azusa Pacific University Nurse Practitioner Program (Azusa, San Diego and San Bernardino campuses)
 - California State University, Long Beach, Nurse Practitioner Program
 - California State University, Los Angeles, Nurse Practitioner Program
- 9.3 United States University Entry Level Master's Degree Nursing Program Progress Report
- 9.4 Incomplete New Prelicensure Program Applications
- 9.5 Education/Licensing Committee Goals and Objectives 2013-15
- 9.6 2011-2012 Annual School Survey Reports (Draft)
- 9.7 NCLEX Pass Rate Update
- 9.8 Licensing Program Report

10.0 Report of the Nursing Practice Committee

Trande Phillips, RN, Direct Patient Care Member, Chairperson

- 10.1 Information Only:

- Residency Program and Transitional Care Program, speaker Nikki West, MPH, Program Director California Institute for Nursing & Health Care

11.0 Public Comment for Items Not on the Agenda

12.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Thursday, February 7, 2013 – 9:00 am

13.0 Call to Order – Board President

Members: Raymond Mallel, President, Public Member
Cynthia Klein, RN, Vice President, Direct Patient Care Member
Erin Niemela, Public Member
Michael D. Jackson, BSN, RN, Nurse Educator Member
Trande Phillips, RN, Direct Patient Care Member
Jeanette Dong, Public Member

Executive Officer: Louise Bailey, M.Ed., RN

14.0 Public Comment for Items Not on the Agenda

15.0 Disciplinary Matters

Reinstatements

Debora Becher
Esther Chung
Lonnie Aschebrook
Mary Josoy-Stedham
Teresa Cochran
Yu Hogan

Termination/Modification of Probation

Carrie LaPiana
Darlene Webber
Deborah Briones

16.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the

meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (916) 322-1700). Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES**

DRAFT

DATE: November 28-29, 2012

LOCATION: Crowne Plaza Hotel
San Francisco International Airport
1177 Airport Blvd.
Burlingame, CA 94010

PRESENT: Raymond Mallel, Esq., President
Cynthia Klein, RN, Vice President
Erin Niemela
Michael D. Jackson, BSN, RN
Trande Phillips, RN

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Janette Wackerly, Supervising NEC
Don Chang, DCA Legal Counsel
Kim Ott, Appeals and Decisions Analyst
Ronnie Whitacker, Appeals and Decisions Analyst
Christina Sprigg, Administration and Licensing Deputy Chief
Rose Ramos, Administrative Assistant
Carol Stanford, Diversion Program Manager
Katie Daugherty, NEC
Kay Weinkam, NEC
Miyo Minato, Supervising NEC
Leslie Moody, NEC
Beth Scott, Discipline, Probation and Diversion Deputy Chief

Wednesday, November 28, 2012

1.0 Call to Order

Raymond Mallel, Board President, called the meeting to order at 9:10 am and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

No public comment.

3.0 Review and Approve Minutes

➤ September 27-28, 2012 Meeting

The following amendment was made on the September 27-28, 2012 Meeting Minutes in regards to Indiana State University:

Plan for Continuing the Partnership

The information concerning the plan for continuing the Partnership until all currently enrolled nursing students finish the curriculum was insufficient. Hence, it was not possible to determine if the plan meets BRN requirements.

~~The following data was not provided:~~

The following data was provided but it failed to comply with the BRN standards:

- Projected student enrollment by course through completion of the Partnership, and
- Clinical placements (both preceptorships and on-site clinical faculty model) by course through completion of the program

MSC: Klein/Jackson motion to accept and approve the minutes with the corrections stipulated for Board Meeting held on September 27-28, 2012. 5/0/0

4.0 Report on Board Members' Activities

Michael Jackson reported Board Members attending the California Associate Degree Directors and California Association of Colleges of Nursing held October 3, 2012.

5.0 Board and Department Activities

Louise Bailey presented this report

<p>Current Registered Nurse Licensee Population is: 399,047 Current Advance Practice Population is: 80,998*</p>

5.1 Board Member Appointment

Jeanette Dong was appointed by the Speaker of the Assembly on November 14, 2012 and her term expires on June 1, 2016. Ms. Dong has been involved in public policy for over 25 years. She is currently the Chief of Staff for Wilma Chan, Supervisor for District 3 of the Alameda County Board of Supervisors.

5.2 Budget Update

AG Budget – As of October 31, 2012 the Board has expended 60% of its AG line item allocation. The Board will request an augmentation pursuant to Budget Bill Language (Item 1110-402) related to AG expenditures contained in the 2010 Budget Act. In fiscal year 2010/11 the Legislature approved a \$2.278 million augmentation. Last fiscal year the Board was able to redirect within existing resources due to position vacancy savings as a result of the hiring freeze and therefore did not need to submit an augmentation request.

5.3 Regulation Update

Out-of-State Practitioner Regulatory Proposal — The Board's rulemaking action implementing Business and Professions Code Section 901, which permits health care

professionals, including registered nurses, licensed in another state to provide free health care services at sponsored health care events without obtaining a California license, was submitted to the Office of Administrative Law (OAL) in October 2012 for review and approval. The regulatory action was approved by OAL, filed with the Secretary of State, and became effective November 27, 2012.

5.4 Department of Consumer Affairs (DCA) Updates

Michael Gomez has been appointed to serve as the Deputy Director of the Division of Investigation and Enforcement Programs for the California Department of Consumer Affairs (DCA) effective October 22, 2012. Mr. Gomez has been a Bureau Chief with the Commission on Peace Officer Standards and Training at the California Department of Justice since 2005. He was Vice Mayor and a Councilmember for the City of Dixon from 2006 to 2008. He was Chief, Division of Investigation at the Department of Consumer Affairs from 1995 to 2004 and Principal and Chief Consultant for the Senate Committee on Business and Professions from 1987 to 1995. Mr. Gomez graduated from the Federal Bureau of Investigation National Academy in 2000.

BreEZe – The BreEZe Project to replace all current legacy databases is scheduled to roll out in early 2013. The BRN is in Release One of the project and has devoted numerous staff to various areas of the BreEZe Project to ensure the new system functions properly and includes all required functionality. Over the past two years BRN has provided more than 17 staff members to work in various areas of the project such as, subject matter experts (SMEs), data verification, user acceptance testing (UAT), and training. BRN experts have spent many hours scrutinizing internal board processes and functions for licensure, enforcement, renewals and cashing to ensure the BreEZe contractors create a system that provides ease of use and functionality.

The project started with staff diagramming all internal and online processes for licensure, discipline, renewals, and cashing then worked directly with the vendor's to ensure their understanding of all BRN functions. This was a back and forth process for almost a year with the vendor. The next phase was to ensure what was created for the board was consistent with what was necessary to complete our daily functions. As we moved into the testing and data verification phase staff had to devote additional time to ensure all of our work processes correctly and all statutory mandates are met. They also ensure information in our current systems will transition appropriately to the new system and is locatable. We also have staff identified as trainers. Trainers will go through a five week training course on the entire BreEZe system and will learn how to train internal BRN staff in another five week training session. The BreEZe system will not only combine our legacy databases, but will completely change the way board staff do their jobs. Many of our internal processes will be affected and BRN management is working with the SME's to ensure that all functions are documented and staff is appropriately trained.

We learned throughout this process that it is in our best interest to provide some of our most knowledgeable staff to help create and implement this new system. We look forward to the roll out of the new product in early 2013.

5.5 BRN Report Newsletter

The 2012 winter edition of the BRN Report Newsletter has been drafted and is currently being reviewed and finalized by the BRN staff, legal office and DCA. It is planned that the newsletter will be on the BRN website the middle of December.

5.6 Public Record Requests

The BRN continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of September 25, 2012 through November 19, 2012, the BRN received and processed 10 public record requests.

5.7 Personnel

The following personnel changes have transpired since the last Board Meeting:

NEW HIRES		
Name	Classification	Board Program
Jessica Thure	Program Technician	Call Center
Sophia Garcia	Program Technician	Call Center
Tirzah Hollands	Office Technician	Complaint Intake

NEW ASSIGNMENTS		
Name	Classification	Board Program
Gus Krumm	Office Technician	Probation

No public comment.

6.0 Report of the Administrative Committee

Raymond Mallel, Esq., Chairperson

Don Chang provided legal opinion.

6.1 Legal Opinion Regarding Out of State Schools Partnership Model

BACKGROUND:

History of Out-of-State (OOS) Partnership Model

The BRN developed the OOS Partnership Model in 2006. This model evolved from requests from online out-of-state pre-licensure registered nursing programs. These programs were interested in its California-based students taking their clinical nursing courses in their local communities in California. Since the BRN lacks jurisdictional

authority to approve out-of-state pre-licensure RN programs, the OOS Partnership Model was developed.

Legal Authority

Section 2729 (a) of the California Nursing Practice Act states: Nursing services may be rendered by a student when these services are incidental to the course of study of one of the following: A student enrolled in a board-approved prelicensure program or school of nursing.

Based on this statute, online out-of-state prelicensure RN programs seeking clinical placements for its California-based students were advised to establish partnerships through a written Memorandum of Understanding (MOU) with a California BRN approved prelicensure RN program. In order to ensure quality of education, consumer protection and provide direction for institutions seeking partnerships, the BRN developed detailed requirements for both the MOU and the clinical facility agreements.

Legal Conclusion

For purposes of the student exemption in section 2729, the out-of-state school's nursing students are not enrolled in the Board approved nursing program and may not provide nursing services as part of a clinical program conducted in California.

Since the students in question were not enrolled in the Board approved prelicensure program, the Board has no legal responsibility to enforce or oversee the out-of-state school nor may it permit students enrolled in such a school to continue impermissibly to provide nursing services in California.

An administrative agency is not bound by its prior statutory interpretation if it determines that prior interpretation was in fact erroneous. *State Bd. Of Education v. Honig* (1993) 13 Cal.App.,4th 720, 764. Thus while the BRN initially approved the MOU in 2007, it has subsequently been determined that such action was not consistent with the provisions of the NPA. Accordingly, the BRN is permitted to correct that erroneous decision.

Public comments:

Mark Ivory, College Network, representing Indiana State University
John Garamendi, Jr., California Clinical Completion Program
Dave Helmsin, Capitol Advocacy

MSC: Jackson/Phillips to accept the legal opinion. 5/0/0

MSC: Phillips/Jackson to approve that the Board does not have jurisdiction and the policy authority to go beyond a certain point given the Board's purview in terms of licensing and certifying out-of-state programs, out of BRN jurisdiction. 5/0/0

7.0 Report of the Legislative Committee

Erin Niemela, Chairperson

7.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2011-2012 Legislative Session.
Kay Weinkam presented this report

Assembly Bills

AB 40
AB 1588
AB 2296

Senate Bills

SB 122
SB 1524

Bill No.: AB 40 (Yamada)
Subject: Elder abuse: reporting
Date Last Amended: 8/23/12
Bill Status: Chapter 659, Statutes of 2012

SUMMARY:

The Elder Abuse and Dependent Adult Civil Protection Act establishes various procedures for the reporting, investigation, and prosecution of elder and dependent adult abuse. The act requires certain persons, called mandated reporters, to report known or suspected instances of elder or dependent adult abuse. The act requires a mandated reporter to report the abuse to the local ombudsperson or the local law enforcement agency if the abuse occurs in a long-term care facility. Failure to report physical abuse and financial abuse of an elder or dependent adult under the act is a misdemeanor.

ANALYSIS:

This bill was amended six times after it was introduced. The current bill now requires a mandated reporter to report by telephone the suspected or alleged physical abuse that results in serious bodily injury, as defined, that occurs in a long-term care facility to the local law enforcement agency, immediately, and no later than within 2 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. A written report must be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 2 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. The bill requires that, if the suspected abuse does not result in serious bodily injury, a mandated reporter make a report by telephone and in writing within 24 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse, as specified.

Bill No.: AB 1588 (Atkins)
Subject: Professions and vocations: reservist licensees: fees and continuing education.
Date Last Amended: 8/22/12
Bill Status: Chapter 742, Statutes of 2012

SUMMARY:

Existing law provides for the regulation of various professions and vocations by boards within the Department of Consumer Affairs and for the licensure of individuals in that regard. Existing law authorizes any licensee whose license expired while he or she was

on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license without examination or penalty if certain requirements are met.

ANALYSIS:

This bill would require the boards described above to waive the renewal fees and continuing education requirements, if either is applicable, of any licensee who is a reservist called to active duty as a member of the United States Military Reserve or the California National Guard if certain requirements are met.

Amended analysis of 3/5/12:

This bill amendment would add commissions and bureaus within the Department of Consumer Affairs and use registration/registrant as well as licensure/licensee.

Amended analysis of 6/25/12:

This bill amendment deletes reference to commissions and bureaus and would require the boards described above to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, of any licensee or registrant who is a reservist called to active duty as a member of the United States Military Reserve or the California National Guard if certain requirements are met. The bill would require a licensee or registrant to meet certain renewal requirements within a specified time period after being discharged from active duty service prior to engaging in any activity requiring a license.

Amended analysis of 8/22/12:

This bill amendment would, additionally, prohibit a licensee or registrant from engaging in any activities requiring a license while a waiver is in effect. If the licensee or registrant will provide services for which she or he is licensed while on active duty, the board shall convert the license status to military active and no private practice of any type shall be permitted. The amendment would apply to any licensee called to active duty as a member of the United States Armed Forces, and require a licensee to notify the board of his or her discharge from active duty within sixty days of receiving the notice of discharge.

Bill No.:	AB 2296 (Block)
Subject:	California Private Postsecondary Education Act of 2009
Date Last Amended:	8/21/22
Bill Status:	Chapter 585, Statutes of 2012

SUMMARY:

Existing law, the California Private Postsecondary Education Act of 2009, provides, among other things, for student protections and regulatory oversight of private postsecondary schools in the state. The act is enforced by the Bureau for Private Postsecondary Education within the Department of Consumer Affairs. The act prohibits an institution, as defined, from, among other things, offering an unaccredited doctoral degree program without disclosing to prospective students prior to enrollment that the degree program is unaccredited, whether the degree issued is in a field that requires licensure in California, and any known limitation of the degree, including, but not limited

to, whether the degree is recognized for licensure or certification in California and other states.

The act requires an institution to provide a prospective student prior to enrollment with a school catalog and a School Performance Fact Sheet, which are required to contain specified disclosures relating to the school or a particular program. The act also requires an institution to submit an annual report to the bureau that includes specified information for educational programs offered in the reporting period.

ANALYSIS:

This bill would apply that prohibition to the offering of associate, baccalaureate, and masters degree programs as well.

This bill would require the school catalog to include a statement specifying whether the institution, or any of its programs, are accredited by an approved accrediting agency of the United States Department of Education, and, if the institution offers an associate, baccalaureate, masters, or doctoral degree program that is not accredited by such an agency, the statement would be required to disclose that nonaccreditation and all known limitations of the degree.

The bill would require an institution that maintains an Internet Web site to include specific information related to its programs to provide on that Internet Web site the school catalog, a School Performance Fact Sheet for each educational program offered by the institution, student brochures offered by the institution, a link to the bureau's Internet Web site, and the institution's most recent annual report submitted to the bureau.

Amended analysis of 4/9/12:

This bill amendment would the list specified limitations of the degree program whose disclosure the bill would require.

This bill amendment would require the school catalog to include a statement specifying whether the institution, or any of its programs, are accredited by an approved accrediting agency of the United States Department of Education, and, if the institution is not accredited, or offers an associate, baccalaureate, master's, or doctoral degree program that is not accredited in a field that requires licensure in California, the bill would require the statement to disclose that nonaccreditation and all known and specified limitations of the degree program.

This bill amendment also reflects additional information to be contained in the School Performance Fact Sheet and annual report made to the Bureau.

Amended analyses of 6/13, 6/27, 8/6, and 8/21/12:

These bill amendments relate to the definition of graduates employed after graduation. The amendment of 8/6 now provides that definition is to now include graduates who are gainfully employed within 6 months of a specified date in a single position for which the institution represents the program prepares its graduates, as specified. Language changes for clarification are also made. The bill amendment of 8/21 would change the date to July 1, 2014, by which the bureau shall define specific measures and standards for

determining whether a student is gainfully employed in a full-time or part-time position for which the institution represents the program prepares its graduates.

Bill No.: SB 122 (Price)
Subject: Healing Arts
Date Last Amended: 8/20/12
Bill Status: Chapter 789, Statutes of 2012

SUMMARY:

Existing law, until January 1, 2012, creates within the Department of Consumer Affairs the Board of Registered Nursing, and makes the board responsible for the licensure and regulation of registered nurses.

Existing law requires the board to meet quarterly.

Existing law defines the term "approved school of nursing" and requires the board to approve and regulate registered nursing schools that are institutions of higher education or are affiliated with an institution of higher education, as specified.

Existing law requires a school of nursing that is not affiliated with an institution of higher education to make an agreement with such an institution for purposes of awarding nursing degrees.

Existing law provides that it is unlawful for anyone to conduct a school of nursing unless the school has been approved by the board.

ANALYSIS:

This bill would require meetings of the board to be held in northern and southern California.

This bill would delete the provisions requiring an agreement and would instead require that a school of nursing that is not an institution of higher education or that is affiliated with an institution of higher education, and that is subject to the requirements set forth in the California Private Postsecondary Education Act of 2009, obtain board approval to grant nursing degrees.

The bill would require new nursing schools seeking board approval to be recognized or approved by an accrediting agency recognized by the United States Department of Education.

The bill would specify that the term "approved school of nursing" includes an approved nursing program.

The bill would subject all approved schools of nursing to specified fees for deposit into the Board of Registered Nursing Fund, a continuously appropriated fund. Because the bill adds a new source of revenue to a continuously appropriated fund, the bill would make an appropriation.

- The fee for approval of a school of nursing shall be five thousand dollars (\$5,000).
- The fee for continuing approval of a new nursing program shall be three thousand five hundred dollars (\$3,500).
- The processing fee for authorization of a substantive change to an approval of a school of nursing shall be five hundred dollars (\$500).

This bill would authorize the board to issue cease and desist orders to a school of nursing that is not approved by the board and would require the board to notify the office of the Attorney General of such a school. The bill would also provide that it is unprofessional conduct for any registered nurse to violate that provision.

Amended analysis of 1/10/12:

This bill amendment would delete the requirement for recognition or approval of a new nursing school by an accrediting agency recognized by the U.S. Department of Education.

Amended analysis of 6/12/12:

This bill would add provisions related to the Medical Board of California and to massage therapists, with the resultant change in bill title from Nursing to Healing Arts.

This bill amendment would delete the provisions requiring an agreement between a school of nursing that is not affiliated with an institution of higher education and such institution for purposes of awarding nursing degrees. It would instead allow the board to approve a school of nursing that is affiliated with an institution of higher education, and that is subject to the requirements set forth in the California Private Postsecondary Education Act of 2009, to grant nursing degrees.

This bill amendment would also require the board to have a memorandum of understanding with the Bureau for Private Postsecondary Education to ensure that institutions approved by the bureau shall not be required to pay an additional application fee to the bureau for the addition of a school of nursing approved by the board, and to delineate the powers of the board and bureau, as specified.

This bill amendment would specify that the fee for continuing approval of a nursing program established after January 1, 2013, shall be three thousand five hundred dollars (\$3,500).

Lastly, this bill amendment would require the board to also notify the office of the Attorney General of a school of nursing that has not received board approval.

Amended analysis of 6/21/12:

This bill amendment would provide that the memorandum of understanding with the Bureau for Private Postsecondary delineate the powers of the board to review and approve schools of nursing and the powers of the bureau to protect the interest of students attending institutions governed by the Private Postsecondary Education Act of 2009.

Amended analysis of 7/2/12:

This bill amendment deleted the provisions related to the Medical Board of California.

Amended analysis of 8/20/12:

This bill amendment adds provisions related to the Medical Board of California, and deletes provisions related to massage therapists. There are no changes related to the Board of Registered Nursing.

Bill No.: SB 1524 (Hernandez, E.)
Subject: Nursing
Date Last Amended: 6/28/12
Bill Status: Chapter 796, Statutes of 2012

SUMMARY:

Existing law, the Nursing Practice Act, provides for licensing and regulation of nurse practitioners. Existing law authorizes a nurse practitioner to furnish or order drugs or devices under specified circumstances subject to physician and surgeon supervision, including, among other things, when a nurse practitioner has completed specified supervised experience of at least 6 months' duration and a course in pharmacology.

ANALYSIS:

This bill would delete the requirement for supervised experience and a pharmacology course.

Amended analysis of 3/28/12:

This bill amendment would include nurse-midwives. This bill amendment also deletes the requirement for supervised experience, and retains the requirement for the course in pharmacology.

Amended analysis of 6/6/12:

This bill amendment would delete the requirement for at least 6 months' duration of supervised experience. The bill would specify that, with respect to nurse practitioners, a physician and surgeon may determine the extent of the supervision in connection with the furnishing or ordering of drugs and devices.

Amended analysis of 6/28/12:

This bill amendment would delete the requirement for at least 6 months' duration of supervised experience. The bill would authorize a physician and surgeon to determine the extent of the supervision in connection with the furnishing or ordering of drugs and devices by a nurse practitioner or nurse-midwife.

No public comment.

7.2 2011-2012 Goals and Objectives: Summary of Accomplishments

GOAL 1: Keep the Board of Registered Nursing informed about pertinent legislation and regulations that may affect nursing

practice, education, and nurses' roles in the delivery of health care and administrative functions of the Board.

OBJECTIVE: 1.1 Analyze legislative proposals and make position recommendations to the Board at each Board meeting.

The committee provided information and analyses of each bill followed, and made recommendations to the Board at each Board meeting.

During the 2011-2012 Legislative Session, many bills of general interest to the Board or those having potential impact on the administration of the Board were followed. Although these bills address many subjects, each affects registered nursing in some way. The Board followed thirty-one (31) bills of which nineteen (19) were signed into law by the Governor, one (1) joint resolution was passed by the Assembly and Senate, four (4) bills were vetoed, and seven (7) failed in committees or were no longer applicable to the Board. The following is a brief description of those bill followed by the Board that were chaptered. Unless otherwise stated, the statutes of 2011 became effective January 1, 2012, and the statutes of 2012 become effective January 1, 2013.

GOAL 2: Monitor current legislation on behalf of the Board.

OBJECTIVE: 2.1 Advocate for or against legislation as directed by the Board.

The committee monitored legislative bills relative to the Board, and committee staff advocated for bills supported by the Board and voiced the concerns of the Board for those bills in opposition.

- Committee staff continued to respond to public inquires concerning bills followed by the Board.
- Board members or committee staff attended numerous Senate and Assembly committee hearings concerning bills followed by the Board.

OBJECTIVE: 2.2 Review and suggest appropriate amendments as necessary.

The committee staff participated in recommending and writing amendments to specific bills relative to Board action.

- Committee staff attended legislative meetings and communicated with legislators' staff to articulate the Board's position on specific bills.
 - Committee staff sent letters to various senators and assembly members expressing the Board's position of support or opposition to their respective bills.
 - Committee staff corresponded with the Governor requesting that specific bills, relative to the Board of Registered Nursing and consistent with the Board's action, be signed or vetoed.
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GOAL 3: Serve as a resource to other Board Committees on legislative and regulatory matters.

OBJECTIVE: 3.1 Assist other Board Committees in reviewing legislative regulatory proposals.

Committee staff served as a resource to other Board committee members and committee liaisons concerning legislative issues that impacted their respective committees. The following are examples of issues and projects on which the committee staff collaborated with other committees and/or staff:

- Franchise Tax Board: delinquent tax debt- Administrative Committee
- Schools: emergency medical assistance: administration of epilepsy medication- Nursing Practice
- Physician supervision for the use of lasers and intense pulse light devices in elective cosmetic procedures- Nursing Practice
- Agreements with expert consultants- Diversion/Discipline Committee
- License: prior military education- Education/Licensing
- Meetings of the Board of Registered Nursing and matters related to schools of nursing- Administrative Committee

GOAL 4: Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.

OBJECTIVE: 4.1 Evaluate additional resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.

Committee staff utilized California Legislative Information maintained by the Legislative Counsel on the Internet, as well as StateNet. Legislative publications from various associations, and state publications, were also used as resources for legislative activities.

OBJECTIVE: 4.2 Maintain consistent dialogues with Department of Consumer Affairs (DCA) Legislative Unit, Legislators and their staff.

The committee was proactive in identifying and monitoring legislation relative to the Board.

- Committee staff communicated frequently and regularly with DCA Legislative staff to identify proposed legislation and its potential impact on the BRN.
- Committee staff met and communicated frequently with organizations, and sponsors of legislation to articulate and clarify issues relative to the BRN.
- Committee communicated with other state departments, relative to legislation impacting the BRN.

OBJECTIVE: 4.3 Provide testimony to the Legislature, on behalf of the Board, as requested.

Board members or committee staff provided testimony to the Legislature related to bills of impact for the Board or for nursing.

No public comment.

7.3 2011-2012 Legislative Session Summary

During the 2011-2012 Legislative Session, many bills of general interest to the Board or those having potential impact on the administration of the Board were followed. Although these bills address many subjects, each affects registered nursing in some way. The Board followed thirty-one (31) bills of which nineteen (19) were signed into law by the Governor, one (1) joint resolution was passed by the Assembly and Senate, four (4) bills were vetoed, and seven (7) failed in committees or were no longer applicable to the Board. The following is a brief description of those bill followed by the Board that were chaptered. Unless otherwise stated, the statutes of 2011 became effective January 1, 2012, and the statutes of 2012 become effective January 1, 2013.

AB 40 (Yamada)

Chapter 659, Statutes of 2012

Elder abuse: reporting

AB 40 requires a mandated reporter to report by telephone the suspected or alleged physical abuse, as defined, that occurs in a long-term care facility, to the local law enforcement agency, immediately, and no later than within 2 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. A written report must be made to the local ombudsman, the corresponding licensing agency, and the local law enforcement agency within 2 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse. The bill requires that, if the suspected abuse does not result in serious bodily injury, a mandated reporter make a report by telephone and in writing within 24 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse, as specified.

AB 1424 (Perea)

Chapter 455, Statutes of 2011

Franchise Tax Board: delinquent tax debt

AB 1424 authorizes all State licensing entities, including the Board of Registered Nursing as a board and bureau under the Department of Consumer Affairs, other than the Contractors' State License Board, to deny, suspend, or revoke a license if the licensee or applicant's name appears on the Franchise Tax Board's or the State Board of Equalization's certified lists of the top 500 largest tax delinquencies over \$100,000. This bill authorizes the Department of Consumer Affairs to suspend a license in the event that a board fails to take action.

AB 1434 (Feuer)

Chapter 519, Statutes of 2012

Child abuse reporting: mandated reporters

AB 1434 adds employees and administrators of a public or private postsecondary institution, whose duties bring the administrator or employee into contact with children on a regular basis or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution, to the list of individuals who are mandated reporters.

AB 1588 (Atkins)

Chapter 742, Statutes of 2012

Professions and vocations: reservist licensees: fees and continuing education

AB 1588 requires the Board of Registered Nursing, as being among the boards within the Department of Consumer Affairs that regulate professions and vocations, with certain exceptions, to waive the renewal fees, continuing education requirements, and other renewal requirements as determined by the board, if any are applicable, of any licensee or registrant who is called to active duty as a member of the United States Armed Forces or the California National Guard if certain requirements are met. The bill prohibits a licensee or registrant from engaging in any activities requiring a license while a waiver is in effect. If the licensee or registrant will provide services for which he or she is licensed while on active duty, the board shall convert the license status to military active and no private practice of any type shall be permitted. The bill requires a licensee or registrant to meet certain renewal requirements within a specified time period after being discharged from active duty service prior to engaging in any activity requiring a license. The bill requires a licensee or registrant to notify the board of his or her discharge from active duty within a specified time period.

AB 1896 (Chesbro)

Chapter 119, Statutes of 2012

Tribal health programs: health practitioners

AB 1896 codifies the federal requirement by specifying that a person who is licensed as a health care practitioner in any other state and is employed by a tribal health program is exempt from this state's licensing requirements with respect to acts authorized under the person's license where the tribal health program performs specified services.

AB 1904 (Block)

Chapter 399, Statutes of 2012

Professions and vocations: military spouses

AB 1904 requires the Board of Registered Nursing, as a board within the Department of Consumer Affairs, to expedite the licensure process for an applicant who holds a license in the same profession or vocation in another jurisdiction and is married to, or in a legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

AB 2296 (Block)

Chapter 585, Statutes of 2012

California Private Postsecondary Act of 2009

AB 2296 prohibits an institution, as defined, from, among other things, offering an unaccredited associate, baccalaureate, master's degree, or doctoral degree program without disclosing to prospective students prior to enrollment that the degree program is unaccredited, whether the degree issued is in a field that requires licensure in California, and any known limitation of the degree, including, but not limited to, whether the degree is recognized for licensure or certification in California and other states. The bill lists specified limitations of the degree program whose disclosure the bill requires. This bill requires the school catalog to include a statement specifying whether the institution, or any of its degree programs, is accredited by an accrediting agency recognized by the United States Department of Education, and, if the institution is unaccredited, or offers an associate, baccalaureate, master's, or doctoral degree program that is not accredited, the bill requires the statement to disclose the known and specified limitations of the degree program. The bill requires specified information to be contained on the program's Web site, in the school catalog, and in the School Performance Fact Sheet, and the annual report made to the Bureau for Private Postsecondary Education related to its unaccredited status. This bill requires an institution to annually report, and publish in its School Performance Fact Sheet, the most recent official 3-year cohort default rate for federal student loans for the institution and the percentage of enrolled students receiving federal student loans.

AB 2348 (Mitchell)

Chapter 460, Statutes of 2012

Registered nurses: dispensation of drugs

AB 2348 authorizes a registered nurse to dispense specified drugs or devices upon an order issued by a nurse-midwife, nurse practitioner, or physician assistant if the nurse is functioning within a specified clinic. The bill authorizes a registered nurse to dispense or administer hormonal contraceptives in strict adherence to specified standardized procedures.

AB 2462 (Block)

Chapter 404, Statutes of 2012

Public postsecondary education: academic credit for prior military academic experience

AB 2462 requires the Chancellor of the California Community Colleges to determine by July 1, 2015, the courses for which credit should be awarded for prior military experience, as specified.

AB 2570 (Hill)

Chaptered 561, Statutes of 2012

Licensees: settlement agreements

AB 2570 prohibits a licensee who is regulated by the Department of Consumer Affairs or various boards, bureaus, or programs, or an entity or person acting as an authorized agent of a licensee, from including, or permitting to be included, a provision in an agreement to settle a civil dispute that prohibits the other party in that dispute from contacting, filing a complaint with, or cooperating with the department, board, bureau, or program, or that requires the other party to withdraw a complaint from the department, board, bureau, or program that regulates the licensee, except as specified. A licensee in violation of these

provisions would be subject to disciplinary action by the board, bureau, or program. The bill prohibits a board, bureau, or program from requiring its licensees in a disciplinary action that is based on a complaint or report that has been settled in a civil action to pay additional moneys to the benefit of any plaintiff in the civil action. This bill authorizes a board, bureau, or program within the Department of Consumer Affairs to adopt a regulation exempting agreements to settle certain causes of action from these provisions.

AJR 24 (Bonilla)

Resolution Chapter 55, Statutes of 2012

Proposed federal Student-to-School Nurse Ratio Improvement Acts of 2011 and 2012

AJR 24 urges the members of California's congressional delegation to sign on as cosponsors of, and requests that the Congress and the President of the United States enact the proposed federal Student-to-School Nurse Ratio Improvement Act of 2011 or the proposed federal Student-to-School Nurse Ratio Improvement Act of 2012.

SB 98 (Senate Committee on Budget and Fiscal Review)

Chapter 4, Statutes of 2012

Nursing

SB 98, to take effect immediately, establishes a new Board of Registered Nursing, vests that board with the same powers as the previous board, and requires the board to appoint an executive officer. The bill repeals the authority of the board and its executive officer on January 1, 2016. The bill requires the executive officer of the prior board to serve as interim executive officer of the new board until the appointment of a permanent executive officer. The bill ratifies and declares valid a specified interagency agreement entered into between the former board and the director of the Department of Consumer Affairs and enacts other related provisions. This bill requires that one of the initial public members appointed by the Governor serve a term of one year, that the other public member initially appointed by the Governor serve a term of 5 years, that the initial licensed members serve terms of 2, 3, or 4 years, as specified, and that the initial public members appointed by the Senate Committee on Rules and the Speaker of the Assembly serve terms of 4 years. The bill appropriates specified sums from the Board of Registered Nursing Fund to the Board of Registered Nursing for purposes of administering the Nursing Practice Act.

SB 100 (Price)

Chapter 645, Statutes of 2011

Healing arts

SB 100, as relates to nursing practice, requires the Medical Board of California (MBC) to adopt regulations by January 1, 2013, regarding the appropriate level of physician availability needed within clinics or other settings using certain laser or intense pulse light devices for elective cosmetic procedures. The other provisions of this bill address the MBC and various issues related to accreditation of outpatient settings.

SB 122 (Price)

Chapter 789, Statutes of 2012

Healing arts

SB 122 requires meetings of the board to be held in northern and southern California. This bill deletes the provisions requiring a school of nursing that is not affiliated with an institution of higher education to make an agreement with such an institution for the purposes of awarding nursing degrees. The bill instead allows the board to approve a school of nursing that is affiliated with an institution of higher education, and that is subject to the requirements set forth in the California Private Postsecondary Education Act of 2009 to grant nursing degrees. The bill specifies that the term "approved school of nursing" includes an approved nursing program. The bill subjects all approved schools of nursing to specified fees for deposit into the Board of Registered Nursing Fund, a continuously appropriated fund. The bill requires the board to have a memorandum of understanding with the Bureau for Private Postsecondary Education to delineate the powers of the board and bureau, as specified. This bill authorizes the board to issue cease and desist orders to a school of nursing that is not approved by the board, and requires the board to notify the Bureau for Private Postsecondary Education and the office of the Attorney General of such a school. The bill makes it unprofessional conduct for any registered nurse to violate the provision that it is unlawful for anyone to conduct a school of nursing unless the school has been approved by the board. This bill also contains provisions related to licensure of physicians by the Medical Board of California.

SB 161 (Huff)

Chaptered 560, Statutes of 2011

Schools: emergency medical assistance: administration of epilepsy medication

SB 161 allows, until January 1, 2017, school districts, county offices of education, or charter schools to participate in a program to train nonmedical school employees to administer emergency antiseizure medication to students with epilepsy in the absence of a credentialed school nurse or other licensed nurse in accordance with guidelines developed by the State Department of Education in consultation with the State Department of Public Health. The bill requires the State Department of Education to post these guidelines on its Web site by July 1, 2012.

SB 541 (Price)

Chapter 339, Statutes of 2011

Regulatory boards: expert consultants

SB 541 authorizes boards that regulate and license professions and vocations within the Department of Consumer Affairs to enter into an agreement with an expert consultant, subject to the standards regarding personal service contracts in state employment, to provide enforcement and examination assistance. The bill requires each board to establish policies and procedures for the selection and use of these consultants. This bill takes effect immediately as an urgency statute.

SB 623 (Kehoe)

Chapter 450, Statutes of 2012

Public health: health workforce projects

SB 623 requires the Office of Statewide Planning and Development to extend the duration of Health Workforce Pilot Project No. 171 through January 1, 2014, to provide

the sponsors of the project an opportunity to achieve publication of the data collected during the project in a peer-reviewed journal, among other specified purposes.

SB 943 (Price)

Chapter 350, Statutes of 2011

Healing arts

SB 943, as relates to the Board of Registered Nursing, limits the board determination related to establishing competency to practice registered nursing to only the education of those applicants who have served on active duty in the medical corps in the United States Armed Forces. The applicants submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. The applicants would continue to meet the other requirements for licensure. This bill also contains changes in the laws related to other healing arts licensees of boards within the Department of Consumer Affairs.

SB 1365 (Negrete McLeod)

Chapter 69, Statutes of 2012

Emergency medical services: immunity

SB 1365 extends existing liability limits applicable to firefighters, police officers or other law enforcement officers, and emergency medical technicians to include emergency medical services rendered during an emergency air or ground ambulance transport, and emergency medical services rendered by a registered nurse at the scene of an emergency or during an emergency air or ground ambulance transport. This bill provides that, for purposes of this law, "registered nurse" means a registered nurse trained in emergency medical services.

SB 1524 (Hernandez, E)

Chapter 796, Statutes of 2012

Nurse practitioners

SB 1524 deletes the requirement for at least 6 months' duration of supervised experience for nurse practitioner or nurse-midwife eligibility for a furnishing number. The bill authorizes a physician and surgeon to determine the extent of the supervision in connection with the furnishing or ordering of drugs and devices by a nurse practitioner or certified nurse-midwife.

No public comment.

7.4 2013-2014 Goals and Objectives for the Two-year Legislative Session

GOAL 1:

Keep the Board of Registered Nursing informed about pertinent legislation that may affect nursing practice, education, nurses' roles in the delivery of health care, and administrative functions of the Board.

OBJECTIVE: 1.1 Analyze legislative proposals and make position recommendations to the Board at each Board meeting.

GOAL 2: Monitor current legislation on behalf of the Board.

OBJECTIVE: 2.1 Advocate for or against legislation as directed by the Board.

OBJECTIVE: 2.2 Review and suggest appropriate amendments as necessary.

OBJECTIVE: 2.3 Provide testimony to the Legislature, on behalf of the Board, as requested.

GOAL 3: Serve as a resource to other Board committees on legislative and Regulatory matters.

OBJECTIVE: 3.1 Assist other Board committees in reviewing legislative and regulatory proposals.

GOAL 4: Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.

OBJECTIVE: 4.1 Evaluate resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.

OBJECTIVE: 4.2 Maintain consistent dialogue with DCA's Legislative Unit, legislators, and their staff.

OBJECTIVE: 4.3 ~~Provide testimony to the Legislature, on behalf of the Board, as Requested.~~

No public comment and no motion required.

8.0 Report of the Diversion/Discipline Committee

Cynthia Klein, RN, Chairperson

8.1 Complaint Intake and Investigations Update

Stacie Berumen presented this report

PROGRAM UPDATE

Staff

Complaint Intake: Due to position reallocations, we now have two Enforcement NEC positions. Efforts to recruit for these positions remain unsuccessful as we are not competitive with monetary compensation. We are looking at ways to increase our hiring pool and will continue to advertise and recruit for these positions.

We recently hired one OT, to replace the OT who transferred to the Investigations Unit. She joined the Complaint Intake Unit on October 31.

Our SSAs are now back to full staff after one recently returned from a three month leave.

We were given a permanent, part-time AGPA position from the Licensing Unit who has joined us as a case analyst.

Investigations: Northern – We are currently recruiting for one Special Investigator position for the Fresno/Bakersfield region and plan to interview the first week of December. Three of our six investigators are new to the Special Investigator position and are still on probation. Although they are in learning mode, they are making steady progress.

Southern – We are currently recruiting for two Special Investigator positions, one for the San Diego area and the other in the North LA area. We plan to conduct interviews on November 28-29. There will be another Special Investigator position opening in the near future for the LA/Orange County area.

Due to the number of So Cal cases and the difficulty in recruiting qualified Special Investigator candidates, we were approved to keep our retired annuitant until the end of the fiscal year.

Program - Complaints

Complaint Intake – We have cleared the backlog of older conviction complaints and have very few pending prior to 2012. Those pending are due to court continuances.

Applicants for Licensure – In October of 2011, a letter went to all nursing program directors in California with instructions on how they could help improve application processing times for students with enforcement issues. Since that time, the need for follow-up letters requesting additional documentation has been reduced by 35-40%, further aiding us with our turnaround times. Applications with complete documentation are turned around within one week. Louise Bailey met with the school directors on October 3, 2012 and redistributed the letter to those who did not receive it last year. The letter was also included in a mass mailing to all school directors, along with the 2012 New Directors Handbook.

We are conducting regular planning sessions to tighten up and streamline internal procedures with the goal of having desk manuals for each job classification by the end of the year.

One of our SSAs, is devoting at least half of her time participating in the BreEZe User Acceptance Testing. We still do not have a “go live” date for BreEZe, so her involvement is on-going until we do. She has received kudos from OIS for her diligence and thoroughness in testing and the method she uses to document her findings.

Due to the increasing numbers of fraudulent transcripts being submitted with licensing applications, the BRN is working closely with other governmental agencies to assist us in completing our investigations.

8.2 Discipline and Probation Update

Beth Scott presented this report

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with six monitors. The new support staff person joined the unit on October 31, 2012. The Discipline Unit is fully staffed.

Two probation monitors and one discipline analyst are working with the BreEZe project verifying data and conducting user acceptance testing in preparation of the Go Live date for the new system. The discipline and probation staff participates in this project at least two afternoons per week.

The Discipline and Probation Program loses 160 hours per month of staff time due to state mandated furloughs.

Program – Discipline

Discipline will continue to audit charges from the AGs offices to determine if the BRN is being charged appropriately. Our BRN research analyst also reviews AG charges seeking out anomalies for review. The Governor signed legislation which limits billing disputes with the AG's office to 45 days after a bill has been submitted for payment by an agency.

Due to the abundance of cases that have been referred to the AGO, we have used over 60% of our allotted enforcement budget for the fiscal year. In order to deal with the projected shortfall, BRN administrative staff is meeting with DCA budget staff and looking at ways to maximize all available resources so as not to negatively affect case progress.

We have run statistics on our cases that are referred to the AG's office to assist us in our case movement efficiencies. Below are the averages, per case, from the time it is transferred to the AG until the pleading is received by the Board.

Fiscal Year	2009	2010	2011	2012
Average # of Days to Receive a Pleading	160	118	112	97

The average days to handle cases from the date a complaint was filed until the final disposition of the case is 718 days or approximately 1 year and 9 months. The total time to complete our cases continues to decline.

The total amount of open discipline cases are 1,802 with an average case load per analyst at 360. There are approximately 1,670 cases at the AG's office.

The Legal Support Analyst started preparing default decisions for the Sacramento Office effective October 1, 2012. The Legal Support Analyst has been working under the direction of DCA Legal Counsel to prepare default decisions for the Oakland and San Francisco AG Offices for approximately two years. We will continue to work with the AG to expand this process to include the San Diego and Los Angeles offices.

Two Discipline Analysts continue to work with the BreEZe project to become trainers for all DCA Boards and Bureaus when the project goes live. BreEZe is beginning the "train the

Nursys – Alerts for out of state discipline are received daily through Nursys.

Program - Investigations

Supervisors continue to work with their investigators on case plans, interview techniques, data gathering, subpoenas, and report writing templates to streamline the investigative process. The investigative management team is working on standardizing policies, procedures, and forms.

We continue to utilize the resources and expertise of DOI for cases that meet their investigation criteria, as well as those that are prioritized as high or urgent. The investigations management team met with Deputy Chiefs Daryl Walker and David Chriss, and Stephanie Whitley, Manager of Case Intake Unit on September 20, 2012 to make introductions of new staff and update one another on the status and concerns of the respective organizations. DOI remains very supportive of our investigation efforts and has offered to accommodate our investigators with interview rooms at the DOI offices throughout the state and to assist us with random drug testing, as needed. Details are being worked out with DOI to procedurally handle the drug testing during our investigations.

We plan to present BRN investigations statistics in upcoming DDC and Board updates to give a better idea of how the unit is performing as follows:

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013
Total cases assigned					
Total cases unassigned (pending)					
Average days to case completion					
Average cost per case					

Our Supervising Special Investigator for So Cal presented the Report Writing module for the Enforcement Academy October 29-November 2, 2012.

Our Supervising Special Investigator and her Special Investigators met with Kaiser Legal on November 6, 2012 to streamline the process for requesting and obtaining documents with signed releases and subpoenas, as well as to give an overview of the unit and introduce staff.

Statistics

For fiscal year 2012/13, as of October 31, 2012, we received 2,743 complaints. Projected out, it is estimated we will receive more than 8,200 complaints by the end of this fiscal year. As of October 31, 2012, there are 752 pending DOI investigations; there are 240 assigned and 208 unassigned (pending) BRN investigations. It should be noted, there may be some discrepancies in these numbers and those on the published performance measurement reports, as we are still clearing up coding errors in the two systems we use to track our investigations.

Please review the enforcement statistics reports in 8.3 for additional breakdown of information.

No public comment and no motion required by the Board.

trainer” phase which will take a substantial amount of time from the office when training starts on December 3, 2012, through the beginning of next year.

Our Legal Support Analyst and other staff have been busy processing the back log of Decisions. *As of November 5, 2012:*

Decisions Adopted by Board	543
Pending Processing by legal support staff	46

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. To date we have ordered \$25,100 for failure to update address change citations.

We continue to evaluate the records for RNs that have a social security number that is issued to more than one RN in violation of Business and Professions Code §30. To date we have ordered \$12,500 for failure to provide valid social security number citations.

We have issued more citations and received more payments than any time in BRN history.

Citation information below reflects the work for November 2011 through November 5, 2012.

Number of citations issued	581
Total fines ordered	\$376,525.00
Fines paid	\$197,733.00
Citations pending issuance	281+

The Discipline Unit continues to work on the NURSIS discipline data comparison project (SCRUB). The status of the documents reviewed:

Referred to the Attorney General	613
Pleadings Received	504
Default Decisions Effective	208
Stipulated Decisions Effective	151
Referred to Cite and Fine	61
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	871

Program – Probation

The Probation Unit presented the probation monitoring module at the DCA Enforcement Academy on November 2; as usual the presentation was well received by the participants of the class.

The case load per probation monitor is approximately 120.

The Department of Real Estate (DRE) requested the assistance of the Probation Unit to establish their probation program. The assistance and expertise of the probation unit has been appreciated by the staff of the DRE.

AG COSTS:

As of September 27, 2012, the BRN has expended \$1,107,460 at the AG's office on the NURSYS SCRUB cases.

Statistics - Discipline

Please review additional statistical information which can be found under item 8.3.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2012 to October 12, 2012

Probation Data	Numbers	% of Total
Male	172	24%
Female	541	76%
Chemical Dependency	369	51%
Practice Case	208	30%
Mental Health	1	<1%
Conviction	135	19%
Advanced Certificates	72	8%
Southern California	369	51%
Northern California	344	49%
Pending at the AG	75	10%
License Revoked	6	<1%
License Surrendered	12	<1%
Terminated	0	<1%
Completed	10	<1%
Total in-state probationers	713	
Tolled Probationers	213	

No public comment and no motion required.

8.3 Enforcement Statistics

Stacie Berumen presented this report

Statistics for the Enforcement Division:

COMPLAINT INTAKE

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
COMPLAINTS					
RECEIVED	158	401	308	186	1053
CLOSED W/O INV ASSIGNMENT	32	44	26	50	152
ASSIGNED FOR INVESTIGATION	101	351	298	183	933
AVG DAYS TO CLOSE OR ASSIGN	22	8	10	50	19
PENDING	147	153	137	90	90

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
CONVICTIONS/ARREST REPORTS					
RECEIVED	510	405	356	387	1658
CLSD/ASSGND FOR INVESTIGATION	500	338	401	400	1639
AVG DAYS TO CLOSE OR ASSIGN	4	8	9	14	9
PENDING	69	136	91	78	78

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
TOTAL INTAKE					
RECEIVED	668	806	664	573	2711
CLOSED W/O INV ASSIGNMENT	50	49	33	69	201
ASSIGNED FOR INVESTIGATION	583	684	692	564	2523
AVG DAYS TO CLOSE OR ASSIGN	8	8	10	27	13
PENDING	216	289	228	168	168

INVESTIGATIONS

DESK INVESTIGATIONS

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
ASSIGNMENTS	584	682	693	564	2523
CLOSED	664	710	761	989	3124
AVERAGE DAYS TO CLOSE	158	138	135	130	139
PENDING	3471	3376	3252	2766	2766

FIELD INVESTIGATIONS: NON-SWORN

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
ASSIGNMENTS	10	13	32	5	60
CLOSED	14	2	12	10	38
AVERAGE DAYS TO CLOSE	988	766	694	726	815
PENDING	275	285	305	299	299

FIELD INVESTIGATIONS: SWORN

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
ASSIGNMENTS	46	53	23	62	184
CLOSED	79	66	73	71	289
AVERAGE DAYS TO CLOSE	639	590	576	644	613
PENDING	825	817	767	753	753

ALL INVESTIGATIONS

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
FIRST ASSIGNMENTS	584	684	693	564	2525
CLOSED	757	778	846	1070	3451
AVERAGE DAYS TO CLOSE	224	178	181	169	186
PENDING	4571	4478	4324	3818	3818

ALL INVESTIGATIONS AGING

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
UP TO 90 DAYS	420	434	487	606	1947
91 TO 180 DAYS	60	93	111	163	427
181 DAYS TO 1 YEAR	99	110	72	142	423
1 TO 2 YEARS	124	96	128	108	456
2 TO 3 YEARS	38	42	40	32	152
OVER 3 YEARS	16	3	8	18	45

CLOSED W/O DISCIPLINE REFERRAL

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
CLOSED	554	586	637	828	2605
AVERAGE DAYS TO CLOSE	162	136	124	129	137

ENFORCEMENT ACTIONS

AG CASES	JUL-12	AUG-12	SEP-12	OCT-12	YTD
AG CASES INITIATED	145	146	164	194	649
AG CASES PENDING	1507	1470	1542	1661	1661
SOIs/ACCUSATIONS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
SOIs FILED	13	13	7	18	51
ACCUSATIONS FILED	71	48	75	107	301
SOI DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
PROP/DEFLT DECISIONS	8	9	4	1	22
STIPULATIONS	0	14	7	10	31
ACC DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
PROP/DEFLT DECISIONS	35	74	13	17	139
STIPULATIONS	47	56	57	26	186
SOI DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
SOI FINAL ORDERS (DEC/STIPS)	8	23	11	11	53
AVERAGE DAYS TO COMPLETE	611	539	549	513	547
ACC DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
ACC FINAL ORDERS (DEC/STIPS)	82	130	70	43	325
AVERAGE DAYS TO COMPLETE	757	728	862	825	777
TOTAL DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
TOTAL FINAL ORDERS (DEC/STIPS)	90	153	81	54	378
TOTAL AVERAGE DAYS TO COMPLETE	744	700	820	761	745
TOTAL ORDERS AGING	JUL-12	AUG-12	SEP-12	OCT-12	YTD
UP TO 90 DAYS	0	0	0	0	0
91 TO 180 DAYS	0	0	0	0	0
181 DAYS TO 1 YEAR	5	12	3	7	27
1 TO 2 YEARS	50	90	35	21	196
2 TO 3 YEARS	24	30	29	14	97
OVER 3 YEARS	11	21	14	12	58
SOIs WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	YTD
SOIs WITHDRAWN	0	2	1	3	6
SOIs DISMISSED	0	0	0	0	0
SOIs DECLINED	0	0	0	0	0
AVERAGE DAYS TO COMPLETE	0	222	333	474	366
ACCUSATIONS WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	YTD
ACCUSATIONS WITHDRAWN	0	2	1	2	5
ACCUSATIONS DISMISSED	0	0	0	1	1
ACCUSATIONS DECLINED	1	1	4	7	13
AVERAGE DAYS TO COMPLETE	901	1014	671	432	611

NO DISCIPLINARY ACTION	JUL-12	AUG-12	SEP-12	OCT-12	YTD
CLOSED W/O DISCIPLINARY ACTION	1	1	0	5	7
AVERAGE DAYS TO COMPLETE	51	662	0	402	389
CITATIONS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
FINAL CITATIONS	37	77	95	113	322
AVERAGE DAYS TO COMPLETE	571	258	167	148	228
OTHER LEGAL ACTIONS	JUL-12	AUG-12	SEP-12	OCT-12	YTD
INTERIM SUSP ORDERS ISSUED	0	0	0	2	2
PC 23 ORDERS ISSUED	1	3	0	1	5

PERFORMANCE MEASURES

	JUL-12	AUG-12	SEP-12	OCT-12	YTD
PM1: COMPLAINTS VOLUME	158	401	308	186	1053
PM1: CONV/ARREST RPTS VOLUME	510	405	356	387	1658
PM2: CYCLE TIME-INTAKE	8	8	10	27	13
PM3: CYCLE TIME-NO DISCIPLINE	162	136	124	129	137
PM4: CYCLE TIME-DISCIPLINE	736	700	820	731	738

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPTS VOLUME

Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE

Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE

Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE

Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

CALIFORNIA BOARD OF REGISTERED NURSING ENFORCEMENT STATISTICS

October 31, 2012

STATISTICAL DESCRIPTION	2008-09	2009-10	2010-11	2011-12	2012-13*	Projected FY 2012-13
Complaints Received	5,794	7,483	7,977	7,844	2,711	8,133
Consumer Complaints	3,323	2,190	3,063	2,735	1,053	3,159
Convictions/Arrests	2,471	5,293	4,914	5,109	1,658	4,974
Referred to Diversion Program	400	604	368	1,053	243	729
Division of Investigation (Sworn)-Assigned	582	484	835	693	184	552
Division of Investigation Closed	748	1,015	716	648	289	867
Division of Investigation Pending	1,170	641	789	851	753	
BRN Investigations (Non Sworn)-Assigned		58	33	298	60	180
BRN Investigations Closed		14	53	27	38	114
BRN Investigations Pending		40	25	280	299	
BRN Desk Investigations Assigned	5,650	7,865	7,409	7,204	2,523	7,569
BRN Desk Investigations Closed	3,519	7,116	6,668	5,925	3,124	9,372
BRN Desk Investigations Pending	1,677	1,887	2,137	3,029	2,766	
Criminal Actions Filed	22	21	16	9	0	0
Total Cite and Fine Citations Issued	115	181	105	412	322	966
Referred to Attorney General	515	766	1,190	944	649	1,947
Cases Pending at Attorney General	692	838	1,198	1,448	1,618	
Petitions to Revoke Probation Filed	59	91	61	55	17	51
Accusations Filed	359	696	913	589	301	903
Statements of Issues Filed	14	13	52	132	51	153
Total Pleadings	432	800	1,026	776	369	1,107
Orders to Compel Examination (Sec. 820)	4	4	10	12	3	9
Interim Suspension Order	2	8	1	0	2	6
PC23	8	6	7	8	5	15
Applicant Disciplinary Actions:						
(a) License Denied	15	27	55	72	22	66
(b) License Issued on Probation	4	9	14	43	36	108
Total, Applicant Discipline	19	36	69	115	58	174
Licensee Disciplinary Actions:						
(a) Revocation	131	243	273	227	118	354
(b) Probation	139	176	267	225	113	339
(c) Suspension/Probation	6	1	6	3	0	0
(d) License Surrendered	79	92	155	128	71	213
(e) Public Reprimand/Reproval	8	12	37	79	21	63
(f) Decisions Other	5	2	5	3	2	6
Total, Licensee Discipline	368	526	743	665	325	975
Process Used for Discipline (licensees)						
(a) Administrative Hearing	56	58	102	121	42	126
(b) Default Decision	105	206	217	183	97	291
(c) Stipulation	207	262	424	361	186	558
Total	368	526	743	665	325	975

*Fiscal Year to Date

8.4 Diversion Program Update and Statistics

Carol Stanford presented this report

BACKGROUND:

Program Update

The Program Manager, Carol Stanford and the Maximus Project Director, Virginia Matthews presented at an educational seminar to hospital senior staff of three different hospitals, Montclair Hospital, Chino Valley Medical Center and San Dimas Community Hospital on September 13, 2012, in Monrovia, CA. Staff indicated the information was sorely needed as some senior staff was unaware of the program. The information was well received.

On September 25, 2012, representatives from Hazelden, Springbrook presented information regarding their treatment centers and access to treatment they provide to Maximus, BRN and DCA Diversion Program Staff.

On December 4, 2012, a Nurse Support Group Conference will be held in Emeryville, California to train NSG facilitators about requirements and expectations. There will also be a DEC member orientation on December 5, 2012, at the same location. Dr. Mihran Ask will present information regarding pain management and drug addiction.

Contractor Update

Throughout the year DCA contract and legal staff along with the DPC (Diversion Program Committee) have met with Maximus to work on amendment language for the upcoming Diversion Program Contract.

Diversion Evaluation Committees (DEC)

There is currently one vacancy as follows: one RN member. This vacancy will be filled if the new applicant is approved.

Statistics

The Statistical Summary Report for August and September, 2012 is attached. As of September 30, 2012, there were 1,705 successful completions.

No public comment and no motion required.

**BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
August 1, 2011 - September 30, 2012**

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	39	46	4,500
INTAKE INFORMATION			
Female	31	38	3,523
Male	8	8	950
Unknown	0	0	27
Average Age	30-54		
Most Common Worksite	Hospital		
Most Common Specialty	Critical Care/Med-Surg		
Most Common Substance Abused	Alcohol/Norco		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	17	18	2,894
Mental Illness (only)	1	1	148
Dual Diagnosis	18	23	1,407
Undetermined	3	4	51
REFERRAL TYPE*			
Board	29	33	3,232
Self	10	13	1,268
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	1	1	32
Asian	3	3	90
Asian Indian	0	0	5
African American	1	1	140
Hispanic	4	4	174
Native Hawaiian/Pacific Islander	0	0	19
Caucasian	30	37	3,711
Other	0	0	63
Not Reported	0	0	266
CLOSURES			
Successful Completion	21	36	1,705
Failure to Derive Benefit	0	0	115
Failure to Comply	2	3	941
Moved to Another State	0	0	51
Not Accepted by DEC	0	0	47
Voluntary Withdrawal Post-DEC	1	2	305
Voluntary Withdrawal Pre-DEC	4	5	448
Closed Public Risk	0	1	247
No Longer Eligible	1	2	12
Clinically Inappropriate	2	3	15
Client Expired	0	0	38
Sent to Board-Pre DEC	0	0	1
TOTAL CLOSURES	31	52	3,925
NUMBER OF PARTICIPANTS: 448 (as of September 30, 2012)			

8.4.1 Diversion Evaluation Committee Member Appointment, Transfers and Resignations

BACKGROUND:

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in substance use and abuse disorders and/or mental health.

APPOINTMENTS

Below are the names of candidates who were interviewed and are being recommended for appointment to the DEC. Their applications and résumés are attached. If appointed, their terms will expire November 30, 2016.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Marilyn Dray	RN Member	Oakland	13

TRANSFERS

Below are the names of DEC members who would like to transfer from their appointed DEC to other DEC's for various reasons.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Sharon Fritz	RN	Santa Ana	14
Tonia Jones	RN	San Diego	10
Patricia Mraz	RN	Santa Ana	14

INFORMATION ONLY:

Diversion Evaluation Committee Member Resignation for personal reasons.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Christopher Schaal	RN	Oakland	13

No public comment.

MSC: Jackson/Phillips to approve the appointment of Marilyn Dray, of Oakland as a DEC Member.
5/0/0

MSC: Jackson/Klein to approve transfers of DEC members from appointed DEC's to other DEC's.
5/0/0

8.5 Substance Abuse Information and Overview

BACKGROUND:

Substance Abuse Disorder Information Training

The Board of Registered Nursing will be conducting another training regarding RN and Substance Use Disorders and Pain Management. There is a continual need for information and training in these areas as it relates to RNs. Lack of education about the addictive process and recognizing signs and symptoms remains one of the more profound risk factors for nurses. (NCSBN 2011).

Additionally, workplace risk factors can predispose nurses to developing substance abuse and addiction and substance abuse has been cited as an occupational hazard for those in the health care field (Brooke, Edwards & Taylor, Naegle, 1988) The ready availability of medications is an occupational hazard. Professional training involving powerful medications lead to an acceptance of self-diagnosing and self-medicating for physical pain or stress to enable the nurse to continue work. The work schedule and other job demands create adverse states, such as stress and fatigue that can lead to viewing drug use as a coping mechanism or solution. (Clark & Farnsworth, 2006)

Dr. Stephen Grinstead, LMFT, ACRPS, CAADAC, who is the author of the book "Freedom from Suffering: A Journey of Hope" as well as several other chronic pain management books is an internationally recognized expert in preventing relapse related to chronic pain disorders. He has also developed the Addiction-Free Pain Management® System and has been working with pain management, addictive disorders and coexisting mental and personality disorders for over twenty-eight years. Dr. Stephen Grinstead provided a brief training at the Board Meeting held on November 28, 2012.

No public comment and no motion required.

9.0 Report of the Education/Licensing Committee

Michael Jackson, BSN, RN, Chairperson

9.1 Ratify Minor Curriculum Revision

Leslie Moody presented this report

- University of California San Francisco Entry Level Master's Degree Nursing Program
- Cabrillo College Associate Degree Nursing Program
- East Los Angeles College Associate Degree Nursing Program
- Ohlone College Associate Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- Reedley College at the Madera Community College Center LVN-to-RN Associate Degree Nursing Program
- Southwestern College Associate Degree Nursing Program

No public comment.

MSC: Jackson/Phillips to ratify minor curriculum revisions and acknowledge receipt of progress report. 5/0/0

9.2 Education/Licensing Committee Recommendations

- A. Continue Approval of Prelicensure Nursing Program
 - Azusa Pacific University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
 - California State University, Bakersfield, Baccalaureate Degree Nursing Program
 - California State University, East Bay, Baccalaureate Degree Nursing Program
 - California State University, Sacramento, Baccalaureate Degree Nursing Program
 - Samuel Merritt University Baccalaureate Degree Nursing Program, ABSN Program, and Entry Level Master's Degree Nursing Program (Oakland, San Francisco, San Mateo and Sacramento Campuses)
 - Citrus College Associate Degree Nursing Program
 - City College of San Francisco Associate Degree Nursing Program
 - Monterey Peninsula College Associate Degree Nursing Program
 - Pacific Union College Associate Degree Nursing Program
 - Unitek College LVN to RN Associate Degree Nursing Program
 - Ventura College Associate Degree Nursing Program
- B. Defer Action to Continue Approval of Prelicensure Nursing Program
 - San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
 - College of the Siskiyou's LVN to RN Associate Degree Nursing Program
- C. Continue Approval of Advanced Practice Nursing Program
 - Samuel Merritt University Nurse Practitioner Program (Oakland and Sacramento Campuses)
 - University of California, Davis, Nurse Practitioner Program
- D. Approve Major Curriculum Revision
 - Mount Saint Mary's College Baccalaureate Degree Nursing Program
 - San Francisco State University Nurse Practitioner Program
 - University of California, Davis, Nurse Practitioner Program

No public comment.

MSC: Jackson/Klein motion to accept the Education/Licensing Committee Recommendations. 5/0/0

9.3 Initial Approval of Prelicensure Nursing Program

Miyo Minato presented this report

9.3.1 CNI College Associate Degree Nursing Program

BACKGROUND:

On September 18, 2012 Miyo Minato, SNEC, and Gloria Middleton, NEC, conducted an initial program approval site visit. The program was found to be in compliance with Board rules and regulations.

CNI College is located in the heart of Orange County near the city of Santa Ana. CNI College has a strong background in the provision of vocational education (Vocational Nursing, Surgical Technology, Pharmacy Technician, MRI Technologist, Massage Therapy, Medical Assisting, Medical Billing and Coding, and Personal Fitness and Training) since

1994. The total number of enrollment for the college is 506. The enrollments in their LVN and Surgical Technology Programs have 221 and 106 students respectively.

It is a private for-profit institution. CNI College is accredited by the Accrediting Bureau of Health Education Schools (ABHES) and has degree granting from the Bureau of Private Postsecondary Education to award Associate of Science Degree in Nursing.

CNI's Vocational Program is approved by the BVNPT, and their pass rates are:

2008 Qtr 1-4		2009 Qtr 1-4		2010 Qtr 1-4		2011 Qtr 1-4		2012 Qtr 1-2	
Taken	Passed	Taken	Passed	Taken	Passed	Taken	Passed	Taken	Passed
128	73%	85	94%	79	92%	61	97%	45	93%

Sandy Carter was hired in March 2011 as the Director of the ADN Program and Executive Director of Nursing Programs. She has developed the curriculum working with curriculum consultants. Their current curriculum consultant is Dr. Mary Wickman from Vanguard University, who is the former Program Director at CSU Fullerton BSN Program. Mr. Jim Buffington is President, CEO and Founder of CNI College.

The Board accepted the feasibility study from CNI College at the Board Meeting on September 23, 2010. There was a delay in implementing their RN program because their LVN Program needed to be stabilized first. It has been the vision of CNI College to implement a professional nursing program for more than six years, with the intent of providing a full scope of health career options at their campus.

CNI College consists of a single campus, and College has designated approximately 7,000 square feet of the College's main campus to the proposed School of Nursing. The self study included a floor plan of remodeled spaces added to the current College spaces. The plan for the remodeled space will include three classrooms (32 students); science lab and computer assisted virtual lab, and a six-bed Skills Lab that has mid-fidelity simulators, and separate Simulation Lab with hi-fidelity simulators, Sim-Man and Noelle. Hiring of FT Lab Coordinator is in the plan. This space is to be completed by the end of November. Current facility has two classrooms (32 seats each), adequate computer lab spaces, and skills lab used by the LVN Program that can be enhanced with the necessary equipment for the RN Program, if needed for a construction delay. There are ample spaces to house nursing faculty and areas to hold private conferences.

Students will have laptops and the College has WIFI capabilities throughout so that online learning resources, including Learning & Information Resource Network (LIRN), Pearson Learning Management Systems, The Neighborhood, and Assessment Technology, Inc (ATI) Comprehensive Assessment and Review Program could be used. Additionally, the College has a partnership with St. Joseph Hospital, Orange, that has a large Medical Library that their students will have access to the medical and nursing resources, and reference librarians are available during regular hours the library is opened.

The proposed curriculum is based on Concept-based Learning Model that incorporates nursing process throughout. Learning outcomes include: Professional Behaviors, Assessment, Communication, Clinical Decision-Making, Teaching and Learning, Collaboration, and Managing Care. Concepts are grouped into three domains: Nursing,

Individual, and Health Care. Each of the domains has competencies that incorporates the NLN educational competencies for ADN graduates as well competencies from the Quality and Safety Education for Nursing (QSEN).

The curriculum covers two years, eight quarters, with each quarter being 10 weeks in length. First two quarters are primarily general studies courses, and remaining six quarters having the nursing courses. A preceptorship course in the last quarter is the capstone course, Leadership and Management Concepts, that students have 150 hours one-to-one with a RN to practice the entry-level RN skills. The total curriculum has 115 quarter units: Nursing units are 61 (32 theory and 29 clinical); Communications are 10 units; Sciences are 30 units; and other degree requirements are 14 units. The curriculum plan includes LVN to ADN Option and the required 45-unit LVN non-degree option.

At the time of the site visit, the program had committed clinical sites from twelve (12) clinical agencies: Eight (MS, 8 acute care); Two (Geri, SNF/Subacute); Four (OB); Three (Peds, 2-acute; 1 MD practice); Two (Psych, 1-clinic/outpatient; 1-inpatient). Seven of the sites were visited and verified with the agency representatives for any displaced students due to the new clinical cohort and adequacy for the required five content areas. Updated clinical information is included with the agenda item summary. The program has a coordinator who is continuing to expand to the list of clinical agencies for the program.

The self study included a plan as to when and the number of faculty members are hired as the program enrolled students. The program initially proposed to admit 24 students each quarter (96 students per year) but have reconsidered and agreed to the recommendation by ELC to two admissions of 24 every other quarter and re-evaluate after one year. The Program will admit the initial cohort on January 14, 2013.

The program has had inquiries about the proposed program and has a number of interested students without having advertisements. Their resources for admission and other support services, such as financial aid and tutoring services are already in place and ready for the proposed program opening. Administration has been planning and committed to making this program a successful program similar to their LVN Program.

MSC: Jackson/Niemela to grant initial approval of CNI College ADN Program, limiting admission to 24 students every other quarter (two admissions in one year). Re-evaluate in one year and return to ELC for any consideration to increase enrollment. NEC to conduct final visit of the remodeled building, classrooms and simulation lab, when completed and to maintain monitoring of the new program, including new program visits per protocol. 5/0/0

9.4 2011 Goal Achievement Report

Leslie Moody presented this report

BACKGROUND: Annually the Education/Licensing Committee reviews the activities of the previous calendar year relative to the adopted ELC goals and objectives. Educational program activities related to continuing approval of nursing programs as well as review of new program approvals for the period January 2011 – June 2012 are summarized below.

- Every eight years, a continuing approval visit is conducted for prelicensure and advanced practice nursing programs. In 2011, a total of 30 nursing programs

were reviewed for continuing approval: 23 pre-licensure programs (13 ADN, 1 LVN-RN, 6 BSN, 3 ELM); and 6 nurse practitioner programs.

- A one-day interim visit with site visit is conducted every four years between the continuing approval visits. 12 scheduled interim visits were conducted and additional visits were conducted as needed for special focus visits.
- 32 letters of intent (LOI) for new prelicensure programs were received. This number includes resubmission of LOI previously submitted but not yet acted upon by submission of a feasibility study. Submissions received after June 15, 2011 were responded to with notification advising of the BRN moratorium on acceptance of new feasibility studies.
- 15 feasibility studies were reviewed by ELC, 2 were accepted (ADN) and 13 feasibility studies were deferred or not accepted, including 2 programs that submitted their feasibility study more than once in this or the prior year. Due to the shortage of existing BRN Nursing Education Consultants (NEC), the hiring freeze, and the high number of new and existing programs requiring monitoring by staff, on June 15, 2011 the BRN took the measure of temporarily suspending the process of accepting and reviewing Feasibility Studies for proposed new prelicensure Registered Nursing programs. That action continues in effect.

2011-2013 GOALS AND OBJECTIVES **ACHIEVEMENTS January 1, 2011 – June 30, 2012**

GOAL 1

Ensure that programs of nursing education meet regulatory requirements and that curriculum integrates content to address recent political, technical, economic, healthcare and nursing practice developments.

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine if they meet regulatory requirements and reflect current trends in healthcare and nursing practice.
- 1.2 Evaluate BRN policy statements to ensure they are accurate and current, and update as needed to reflect current statute, regulation and policy.
- 1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum.
- 1.4 Gain awareness of current political, technical, economic, healthcare and nursing practice trends through attendance at and participation in educational conferences and various committees within California and nationally.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
- 1.6 Monitor nursing program content for curricular application/inclusion of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the Transformation of Nursing Education, and the Quality and Safety Education for Nurses (QSEN) Competencies.

ACHIEVEMENTS:

- Scheduled continuing approval visits are conducted for prelicensure and advanced practice nursing programs every eight years. Continuing approval visit results for 23 prelicensure nursing programs (13 ADN, 1 LVN-RN, 6 BSN, 3 ELM), 6 nurse practitioner programs, and 1 new program initial approval visit were reported to and reviewed by the ELC. Additional visits were conducted and reported as needed in response to special concerns.
- Scheduled interim visits to prelicensure nursing programs are conducted every four years, mid-way between the continuing approval visits. 12 scheduled interim visits were conducted (9 ADN, 3 BSN) and special focus visits were conducted as needed.
- 32 letters of intent (LOI) for new prelicensure programs were received. This number includes resubmission of LOI previously submitted but not yet acted upon by submission of a feasibility study. Submissions received after June 15, 2011 were responded to with notification advising of the BRN moratorium on acceptance of new feasibility studies.
- 15 feasibility studies were reviewed by ELC, 2 were accepted (ADN) and 13 feasibility studies were deferred or not accepted, including 2 programs that submitted their feasibility study more than once in this or the prior year. Due to the shortage of existing BRN Nursing Education Consultants (NEC), the hiring freeze, and the high number of new and existing programs requiring monitoring by staff, on June 15, 2011 the BRN took the measure of temporarily suspending the process of accepting and reviewing Feasibility Studies for proposed new prelicensure Registered Nursing programs. That action continues in effect.
- ELC reviewed and made recommendations for 14 major curriculum revision proposals.
- BRN NEC staff regularly participated in nursing program deans/directors meetings and conferences, and this activity has been routinely reported to the Board as part of the Executive Officer's report.
- Legislation affecting nursing education was addressed as part of the BRN Legislative Committee agendas.
- During regularly scheduled continuing approval and interim visits, nursing programs were evaluated for curricular application of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the Transformation of Nursing Education, and the Quality and Safety Education for Nurses (QSEN) Competencies.
- During regularly scheduled continuing approval visits, nursing programs were evaluated to ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum.
- Reviewed and revised BRN policy statements and practice advisories were addressed as part of the Nursing Practice Committee agendas.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 Support creative approaches and strategic partnerships between nursing education programs, healthcare industry and the community, such as transition to practice and post-licensure residency programs, to prepare registered nurses to meet nursing and community needs.

- 2.2 Review NPA regulations for congruence with current nursing education, practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will ensure the high quality of nursing education.
- 2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.
- 2.4 Evaluate the use of technology in teaching activities, such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences, for effectiveness and encourage its use in nursing programs.
- 2.5 Encourage and support programs' development of articulation agreements and other practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.
- 2.6 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists to support implementation of the Health Care Reform Act of 2009.

ACHIEVEMENTS:

- A proposal was presented regarding accreditation requirement for institutions of higher education offering a prelicensure nursing program. Following review of stakeholder input received by direct contact and through open forum sessions held across the State, the Board directed staff to seek the legislative authorization necessary allowing the Board to require that approval of a prelicensure nursing program will require the sponsoring school to have institutional accreditation.
- Regulatory change process was initiated to implement, interpret, and make specific Business and Professions Code Section 901, enacted by Assembly Bill 2699 which provides an exemption from licensure regulation requirements for health care practitioners, including registered nurses, who are licensed in another state or states and who provide nursing care, on a voluntary basis, at sponsored health events to uninsured or underinsured persons.
- The policy and process regarding "memorandums of understanding for California approved Registered Nursing Programs in partnership with out-of-state online Registered Nursing Programs" was reviewed and will be revisited in the future as needed in regards to future program applications.
- Evaluation of the use of instructional technology including simulation, instructional software and classroom computers was conducted prior to approval of new programs and during scheduled continuing approval and interim program visits.

GOAL 3

Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others.

- 3.1 Collaborate with the University of California San Francisco in conducting the consolidated online annual school survey of the prelicensure nursing education programs in California. Publish survey results on the BRN Website.
- 3.2 Maintain and analyze systematic data sources related to prelicensure and advanced nursing education, including the use of simulation, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.

- 3.6 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice to evaluate the effectiveness nursing education programs in preparing graduates for practice.
- 3.7 Analyze data captured by the CA BRN Survey of Nurse Practitioners and Midwives 2010 and the Survey of Clinical Nurse Specialists, and publish the results on the BRN website.

ACHIEVEMENTS:

- Surveys conducted (in collaboration with UCSF and other organizations such as CINHC, ACNL, CSNA, UCLA School of Nursing), reported, posted to the BRN website, noted in BRN Report newsletter and circulated to stakeholders included: 2009 – 2010 Annual School Report; 2009 – 2010 Post-Licensure Program Annual Report; 2010 Survey of Clinical Nurse Specialists; 2010 Survey of Nurse Practitioners and Midwives; report on the Diversity of California's Registered Nursing Workforce; 2010-2011 Post-Licensure Nursing Program Summary and Historical Trend Analysis; 2010-2011 California New Graduate Survey.
- Information about approved and fraudulent programs was published on the BRN website and in the publication BRN Report Winter 2011. Reports to the BRN of unapproved nursing programs were investigated and appropriate action taken based on findings.
- Program information was updated via the annual survey of all approved programs.
- Program information was posted on the BRN Website and provided to individuals who inquire via phone or e-mail.
- NECs encouraged prelicensure programs to utilize the NCSBN NCLEX-RN Test Plan and other related resources when evaluating curriculum and instruction.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice programs.

- 4.1 Conduct an annual orientation for new directors and an annual update for both new and continuing directors.
- 4.2 Maintain open communication and provide consultation and support services to nursing programs in California.
- 4.3 Present BRN updates at the quarterly ADN Directors' Meetings, annual CACN/ADN Meeting, and other venues as appropriate.
- 4.4 Maintain open communications with advanced practice education program directors and seek input related to current advanced practice issues such as the implications of the Health Care Reform Act of 2009.
- 4.5 Conduct biennial meetings with advanced practice program directors to provide updates and foster discussions pertinent to advanced practice in California.

ACHIEVEMENTS:

- The annual Directors Update was presented by BRN staff on October 5, 2011, in conjunction with the Fall COADN/CACN program deans/directors conference. The program included a session for new program directors and a session to update all directors.
- NECs provided consultation to nursing programs through written correspondence, phone contact, and visits to the nursing program sites.

- BRN staff provided input and consultation to advance practice organizations as requested and for such projects as the APRN Consensus Model – LACE.

GOAL 5

Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.

- 5.1 Review and consider for approval all new and renewal applications for CE providers.
- 5.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
- 5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

ACHIEVEMENTS:

- Staff have processed new (409 applications; 336 certificates issued) and renewal applications (1824 certificates renewed) for CE Providers (CEP). Approximately 78% of the applications are forwarded to the Nursing Education Consultant (NEC) liaison to the Continuing Education Program for review of instructor qualifications or to ensure that content is postlicensure and appropriate for nursing continuing education. In turn, she may consult with the Supervising Nursing Education Consultant or other NECs as needed. There are 3,468 Continuing Education Providers as of June 30, 2012.
- Random auditing activity of RNs' compliance with the continuing education requirements and of the CE Providers has been diminished due to ongoing staff shortages in the Renewals Unit.
- Staff have responded to phone calls or written correspondence from the public related to appropriateness of content awarded contact hours by CEPs, among other issues.
- The NEC liaison to the program responds to complaints related to CEPs and consults with the Enforcement Unit staff as appropriate. The number of complaints is low, usually two or three a year. One complaint was initiated by a Board member; the CEP certificate holder immediately corrected the information on its Web site in response to being informed of the BRN's concern.

GOAL 6

Continue the assessment and review of the NCLEX-RN examination process, and maintain a collaborative relationship with the National Council of State Boards of Nursing.

- 6.1 Conduct periodic review of the NCLEX-RN examination process to ensure established security and other testing standards are met.
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
- 6.3 Participate in various NCSBN committees and conferences to maintain representation from California.
- 6.4 Continue to monitor NCLEX-RN administration by the testing vendor.
- 6.5 Continually monitor and report California and national NCLEX-RN first time pass rates of California candidates, including results for internationally educated candidates.

- 6.6 Contribute to the NCSBN's Transition to Practice Study, ensuring a voice for California stakeholders.
- 6.7 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as requested or appropriate.

ACHIEVEMENTS:

- The BRN Executive Officer and BRN staff have attended NCSBN meetings and conferences, and participated in NCSBN committees and work groups including 2011 World Café, NCSBN Education Committee, Thought Leaders and Transition to Practice Study.
- An article providing information about and encouraging California RNs to serve as item writers, item reviewers, or members of the Standard Setting Panel of Judges for the NCLEX-RN item and examination development process was included in the BRN Report Winter 2011 publication.
- BRN staff have performed review and submitted feedback to the NCSBN regarding the NCLEX-RN examination and Proposed 2013 NCLEX-RN® Test Plan..
- Quarterly and annual NCLEX-RN exam results were regularly reviewed by ELC. NECs monitor reports and take action as required by regulation for any programs falling below the minimum performance threshold of 75% annual pass rate for first time test takers.

No public comment.

9.5 2011-2012 Annual School Survey Update

Leslie Moody presented this report

On October 2, 2012, all nursing program directors in California received e-mail notification to access and complete the online BRN 2011-2012 Annual School Survey. The BRN requests nursing programs to complete the survey as soon as possible so data can be compiled and reported in a timely manner. In order for schools to obtain access to the survey in a timely manner, they are asked to notify the Board of any program director email address changes as soon as possible, or if email notification regarding the survey is not received. The deadline for submitting responses was November 15, 2012. The time period for the data being collected is from August 1, 2011 to July 31, 2012 and the survey census date is October 15, 2012.

The survey collects data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. While much of the content remains similar, revisions are made in order to collect more accurate data or to obtain information on current issues. The UCSF research center completes the data collection and reporting on behalf of the BRN and they are using a new software program this year which does change the look and feel of the survey. Reports compiled from data collected from previous surveys can be found on the BRN Web site at <http://rn.ca.gov/forms/pubs.shtml>.

As of November 16, 2012, the survey had been completed by all but seven schools. Follow-up has been completed for all the seven schools who all have plans to complete within the next week. The Board anticipates that a draft statewide report will be available for the January/February 2013 Education Licensing Committee meeting and regional

reports in March/April 2013. Data will be presented in aggregate form and will describe overall trends for both statewide and regional areas.

No public comment.

9.6 Information Only: NCLEX Pass Rate Update

Katie Daugherty presented this report

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES

October 1, 2011- September 30, 2012*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	10,430	90.15
United States and Territories	149,869	90.22

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters and Year October 1, 2011-September 30, 2012*

10/01/11- 12/31/11		1/01/12- 3/31/12		4/01/12- 6/30/12		7/1/12- 9/30/12		10/01/11- 9/30/12	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
983	84.44	3,258	92.11	2,707	90.62	3,482	89.57	10,430	90.15

**Includes (3), (4), (1) and (5) "re-entry" candidates. The 2010 NCLEX-RN Test Plan and the current passing standard (-0.16 logits) will remain in effect until 3/31/13. Effective April 1, 2013, the 2013 NCLEX-RN Test Plan will be implemented.*

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1-June 30), if there is substandard performance (below 75% pass rate for first time candidates), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

9.7 Licensing Program Report

Christina Sprigg presented this report

Program Update:

The Board of Registered Nursing Licensing Program is experiencing an increase in the number of applications from fall 2012 graduates. The applications cannot be processed prior to the graduation or completion date provided by the nursing programs on the Individual Candidate Rosters. Interim Permits (IP) are issued the day after the applicant is deemed eligible for the NCLEX-RN examination.

We are finding more nursing programs do not submit documentation until after the graduation date and issuance of the final, official transcript. This helps to ensure students have met all degree and nursing requirements.

Bobbi Pierce, Licensing Programs Manager attended the annual Deans and Directors meeting in October. One of the issues discussed was the increase in the number of students who do not successfully pass all of the required course work; and that the nursing programs are not notifying the Board in a timely manner, as required by California Code of Regulations Section 1428.6(b).

It was also discussed that if this continues to be a problem, the Board will discuss other methods for processing applications to ensure that only fully qualified applicants are tested.

Statistics:

The statistics for the last two fiscal years and the first three and one-half months of fiscal year 2012/13 are attached. There was an increase in the number of applications received. This increase can be attributed to the number of new graduates who submitted applications during the last quarter of 2011/2012.

Issues:

- Applications are still being received from students who attended nursing programs in the Philippines beginning in 2004/2005 who do not complete the clinical cases, required as part of the curriculum, concurrently with the associated theoretical instruction. California Code of Regulations Section 1426 (d) requires that theory and clinical practice be concurrent in the following nursing areas: geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics.
- We are receiving questionable transcripts and nursing licenses from the Philippines, Nigeria, Sierra Leone, and Armenia. We are routinely contacting nursing programs and asking if the applicant(s) attended the program. This is a lengthy process, but one we feel is necessary to have a level of assurance that the student(s) really attended the program.
- The Board's International Analysts and Enforcement staff had the opportunity to meet with representatives from the Department of Consumer Affairs Division of Investigation and Homeland Security regarding questionable transcripts and nursing licenses. Homeland Security is willing to assist the Board in resolving cases of questionable documents.
- Another increasing problem is the receipt of multiple sets of documentation from the same nursing program for the same applicant. Each set contains different information; i.e., different hours of completed theoretical instruction and clinical practice. Because of the discrepancies we cannot always determine if the completed nursing program meets our education requirements.

- The Board is still receiving applications from students who attended on-line programs offering degrees based on work and/or life experiences. The student can receive a degree without ever speaking to an instructor, opening a book or attending classes. The degree can be awarded in as few as 7 days. A transcript for an applicant who completed one of these programs was sent from a company based in the United Arab Emirates.

No public comment and no motion required.

10.0 Report of the Nursing Practice Committee

Trande Phillips, RN, Chairperson

10.1 Approve/not approve advisory statements for registered nursing: RN, NP, CNM

Janette Wackerly presented this report

Registered nursing advisory statements are available at www.rn.ca.gov. When using the BRN home page, place the cursor on the left hand side of the page "Practice Information." Then click on the document for viewing.

Legal has had opportunity to review the listing of proposed registered nursing, advanced practice advisories, and general advisories listed and to provide changes as determined.

The following advisories are as a result of legislation enacted 2011-2012 Session.

The Practice Committee is requested to review and accept the following registered nursing advisories:

1. Registered Nursing Advisories
 - a. Authorization for RNs to dispense drugs and devices on the order of an NP, CNM and PA in a licensed primary care clinic.
 - b. Emergency Medical Services: Immunity for RNs.

The Practice Committee is requested to review and accept the following nurse practitioner and certified nurse-midwife advisories:

2. Nurse Practitioner and Nurse-Midwives Advisories
 - a. NP and CNM: Change in Requirement for Physician and Surgeon Supervision for Furnishing
 - b. Advanced Practice Registered Nurse – Vehicle Code: Medical Examination
 - c. Tribal Health – Healthcare Practitioners

The Practice Committee is requested to review and accept the following general advisories:

3. General Advisories
 - a. Academic Credit for Prior Military Academic Experience
 - b. Waiver of Active Duty Military/Reservist Licensee Renewal Fees and CEUs
 - c. Military Spouses – Expedited Licensure

- d. California Private Postsecondary Education Act – Prohibition of Non-Disclosure of Accreditation Status

No public comment.

MSC: Phillips/Jackson motion to approve the registered nursing advisory statements. 5/0/0

11.0 Public Comment for Items Not on the Agenda

No public comment.

The meeting adjourned at 12:11 pm. Raymond Mallel, Board President, called the closed session meeting to order at 2:17 pm. The closed session adjourned at 3:49 pm.

12.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Thursday, November 29, 2012 – 9:00 am

13.0 Call to Order – Board President called the meeting to order at 9:05 am and had the members introduce themselves.

Members: Raymond Mallel, Esq., President
Cynthia Klein, RN, Vice President
Erin Niemela
Michael D. Jackson, BSN, RN
Trande Phillips, RN

Executive Officer: Louise Bailey, M.Ed., RN

Students attended the meeting representing the following schools:

American River College
De Anza College
Chabot Nursing College
Holy Names University
San Francisco City College

14.0 Public Comment for Items Not on the Agenda

No public comment

15.0 Disciplinary Matters

Petitions for Reinstatements

Amy Bradish (Pending)

Arsenio Evalle (Pending)

Gina D'Ottavio (Reinstatement Denied)

Judith Ruja (Reinstatement Granted; 3 Years Probation)

Phillip Romanelli (Reinstatement Denied)

William Reimers (Reinstatement Denied)

Petitions for Early Termination / Modification of Probation

Sassaneh Chieksulaimani (Early Termination of Probation Granted)

Kemron Ebanks (Early Termination of Probation Granted)

Janet Pfeiler (Early Termination of Probation Granted)

16.0 Closed Session

Disciplinary Matters

The Board convened in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Raymond Mallel, Board President, called the closed session meeting to order at 1:25 pm. The closed session adjourned at 1:56 pm.

Louise Bailey, M.Ed., RN
Executive Officer

Raymond Mallel
Board President

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 6.1
DATE: February 6, 2013

ACTION REQUESTED: Board of Registered Nursing 2013 Regulatory Calendar

REQUESTED BY: Raymond Mallel
Chairman

BACKGROUND:

Government Code Section 11017.6 requires every state agency responsible for implementing a statute that requires interpretation pursuant to the Administrative Procedure Act to prepare, by January 30, a rulemaking calendar for that year. The rulemaking calendar must be approved by the Board and submitted to the Office of Administrative Law (OAL) in a specified format. The rulemaking calendar will be published in the California Regulatory Notice Register (Notice Register). Information submitted after February 15, 2013, may not appear in the 2013 Notice Register or be posted on the OAL website. The following subjects are recommended for inclusion on the BRN 2013 Rulemaking Calendar.

Expedited Review for Active Military – Adopt regulations to implement Business and Professions (B&P) Code Section 115.5, which became effective January 1, 2013. The statute requires boards in the Department of Consumer Affairs (DCA) to expedite the licensure process for an applicant who: 1) supplies satisfactory evidence to the Board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in this state, and 2) holds a current registered nurse license in another state, district, or U.S. territory.

Clinical Nurse Specialist – Adopt regulations to implement B&P Code Sections 2838, 2838.1, 2838.2 pertaining to clinical nurse specialist (CNS) qualifications, credentials, and educational standards. The Board has been issuing CNS certificates to qualified applicants since 1998, when Article 9, Clinical Nurse Specialist, of the Nursing Practice Act became effective. The regulations will codify existing standards and Board policies.

Enforcement –The Department of Consumer Affairs recommended that all Boards adopt the DCA Consumer Protection Enforcement Initiative (CPEI). The goal of CPEI is to enhance the disciplinary process and reduce the timeframe for completion of cases to 12 – 18 months. The Board promulgated a regulatory proposal in January 2011 to:

- 1) Amend California Code of Regulations (CCR) Section 1403 to delegate to the Executive Officer authority to approve settlement agreements for revocation, surrender, or interim suspension of a license.
- 2) Amend CCR Section 1410 to compel an applicant to undergo an evaluation and/or examination if it appears the applicant may be unable to practice nursing safely due to mental and/or physical illness.

- 3) Adopt regulation specifying revocation as the disciplinary action to be taken against an applicant or registered nurse who is a registered sex offender.
- 4) Amend the Disciplinary Guidelines (CCR Section 1444.5) to require the administrative law judge's proposed decision to be license revocation if there is a finding of fact that the licensee had "sexual contact" with a patient or had been convicted of a sex offense.

Because there was no BRN Board for a period of time in the beginning of 2012, the final rulemaking file was not submitted to the OAL within the required one-year time frame, so the Board must re-notice the proposed changes.

Uniform Standards Related to Substance Abuse – In September 2008, SB 1441 (Ridley-Thomas) was signed into law and required DCA to establish a Substance Abuse Coordination Committee to develop consistent and uniform standards and best practices in sixteen specific areas for use in dealing with substance abusing licensees in board discipline and diversion programs. (The Board's Diversion Program was exempted from the requirement.) In March 2011, the Board promulgated a regulatory proposal to amend its Disciplinary Guidelines to include uniform standards related to substance abuse reflecting changes in the current law and the current probationary environment. The proposal also clarified language and made technical changes in the existing Guidelines. As with the Enforcement regulatory proposal, this proposal was not submitted to the OAL within the one-year time frame, so the Board must re-notice the proposed changes.

The above subject areas are proposed for inclusion on the BRN 2013 Regulatory Calendar; the Board is not prohibited from taking regulatory action on subjects not included on the Calendar.

Recommendation: Submit the proposed Board of Registered Nursing 2013 Regulatory Calendar to the Office of Administrative Law on or before February 15, 2013.

NEXT STEPS: Submit BRN 2013 Regulatory Calendar to OAL.

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: Geri Nibbs, MN, RN
Nursing Education Consultant
(916) 574-7682

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 6.2
DATE: February 6, 2013

ACTION REQUESTED: Reinstitution of the review process for Feasibility Studies

REQUESTED BY: Raymond Mallel, President, Public Member, Chair
Administrative Committee

BACKGROUND:

On June 15, 2011, the Board of Registered Nursing announced that it was temporarily deferring the process of accepting and reviewing Feasibility Studies for proposed prelicensure Registered Nursing programs. This action was taken because of the high number of statewide RN programs requiring monitoring, a statewide hiring freeze and a severe shortage of Nursing Education Consultants.

The Board continued to receive Letters of Intent for new program proposals and inquiries about feasibility study submissions since June 2011. The Board staff is preparing a letter to notify interested parties of the Board's decision to resume activities for review of feasibility studies, including plans for prioritizing the review of the feasibility studies that the Board had received prior to June 2011.

NEXT STEPS: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Miyo Minato, MN, RN
Supervising Nursing Education Consultant
Email: miyo.minato@dca.ca.gov
(323) 890-9950

BOARD OF REGISTERED NURSING
Administrative Committee
Agenda Item Summary

AGENDA ITEM: 6.3
DATE: February 6, 2013

ACTION REQUESTED: Summary of Findings of the 2012 Survey Report of California Active RNs

REQUESTED BY: Raymond Mallel, Chairperson

BACKGROUND: (Report will be provided under separate cover)

The 2012 RN study is the eighth in a series of surveys designed to collect and evaluate nursing workforce data and identify trends that may assist policy makers and the public in addressing the nursing shortage and workplace issues. Since 2004, studies have been completed on a biennial schedule. Prior studies were conducted in 1990, 1993, 1997, 2004, 2006, 2008, and 2010. Findings from the 2010 and 2012 survey provide some indication of how the RN supply responded during the economic recession. Data for the 2012 study was collected in late spring to early summer of 2012.

The 2012 survey was conducted for the Board of Registered Nursing by the University of California, San Francisco (UCSF), Institute for Health Policy Studies. Joanne Spetz, Ph.D., UCSF, served as the principal investigator for the study. Data analysis was performed by UCSF.

Dr. Joanne Spetz is presenting a summary of the 2012 survey findings to the Board.

NEXT STEPS: Place on Board agenda. Disseminate information about the findings to interested parties including posting the final report when complete on the Boards website. Begin the process for the next biennial survey of RNs due for completion in 2014.

FISCAL IMPACT, IF ANY: The Board budget includes funding for this biennial survey

PERSON(S) TO CONTACT: Julie Campbell-Warnock
Research Program Specialist
(916) 574-7681

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: February 6, 2013

ACTION REQUESTED: 2013-2014 Goals and Objectives for the two-year Legislative Session.

REQUESTED BY: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

BACKGROUND:

The 2013-2014 Goals and Objectives of the Legislative Committee are being submitted for review and approval.

NEXT STEP: Place on Board Agenda

FINANCIAL IMPACT, IF ANY: None

PERSON TO CONTACT: Kay Weinkam, NEC
(916) 574-7600

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE**

2013-2014 Goals and Objectives

GOAL 1:	Keep the Board of Registered Nursing informed about pertinent legislation that may affect nursing practice, education, nurses' roles in the delivery of health care, and administrative functions of the Board.
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OBJECTIVE: 1.1	Analyze legislative proposals and make position recommendations to the Board at each Board meeting.
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GOAL 2:	Monitor current legislation on behalf of the Board.
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OBJECTIVE: 2.1	Advocate for or against legislation as directed by the Board.
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OBJECTIVE: 2.2	Review and suggest appropriate amendments as necessary.
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OBJECTIVE: 2.3	<u>Provide testimony to the Legislature, on behalf of the Board, as requested.</u>
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GOAL 3:	Serve as a resource to other Board committees on legislative and regulatory matters.
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OBJECTIVE: 3.1	Assist other Board committees in reviewing legislative and regulatory proposals.
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GOAL 4:	Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.
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OBJECTIVE: 4.1	Evaluate resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.
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OBJECTIVE: 4.2	Maintain consistent dialogue with DCA's Legislative Unit, legislators, and their staff.
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OBJECTIVE: 4.3	Provide testimony to the Legislature, on behalf of the Board, as Requested.
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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE**

2013-2014 Goals and Objectives

GOAL 1:	Keep the Board of Registered Nursing informed about pertinent legislation that may affect nursing practice, education, nurses' roles in the delivery of health care, and administrative functions of the Board.
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OBJECTIVE: 1.1	Analyze legislative proposals and make position recommendations to the Board at each Board meeting.
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GOAL 2:	Monitor current legislation on behalf of the Board.
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OBJECTIVE: 2.1	Advocate for or against legislation as directed by the Board.
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OBJECTIVE: 2.2	Review and suggest appropriate amendments as necessary.
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OBJECTIVE: 2.3	Provide testimony to the Legislature, on behalf of the Board, as requested.
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GOAL 3:	Serve as a resource to other Board committees on legislative and regulatory matters.
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OBJECTIVE: 3.1	Assist other Board committees in reviewing legislative and regulatory proposals.
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GOAL 4:	Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.
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OBJECTIVE: 4.1	Evaluate resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.
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OBJECTIVE: 4.2	Maintain consistent dialogue with DCA's Legislative Unit, legislators, and their staff.
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BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 7.2
DATE: February 6, 2013

ACTION REQUESTED: Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

REQUESTED BY: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

BACKGROUND:

Assembly Bills

Senate Bills

AB 154

NEXT STEP: Place on Board agenda

FINANCIAL IMPACT, IF ANY: None

PERSON TO CONTACT: Kay Weinkam, NEC
(916) 574-7600

**BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2013-2014
February 6, 2013**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
AB 154	Atkins	Healing arts: reproductive health care			Introduced

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
February 6, 2013
BILL ANALYSIS**

AUTHOR:	Atkins	BILL NUMBER:	AB 154
SPONSOR:	California Women's Health Alliance: ACCESS Women's Health Justice American Civil Liberties Union of California Black Women for Wellness California Latinas for Reproductive Justice NARAL Pro-Choice California Planned Parenthood Affiliates of California	BILL STATUS:	Introduced
SUBJECT:	Healing arts: reproductive health care	DATE LAST AMENDED:	

SUMMARY:

Existing law makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion.

Existing law also makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other

things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.

ANALYSIS:

This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 154

Introduced by Assembly Member Atkins

January 22, 2013

An act relating to reproductive health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 154, as introduced, Atkins. Healing arts: reproductive health care.

Existing law makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion. Existing law also makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and

regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.

This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. It is the intent of the Legislature to enact
- 2 legislation that would expand access to reproductive health care
- 3 in California by allowing qualified health care professionals to
- 4 perform early abortions, provided that the functions are within the
- 5 scope of their licenses.

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 8.1
DATE: February 6, 2013

ACTION REQUESTED: **Information Only:** Complaint Intake and Investigations Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

We are currently recruiting to replace one of our OTs who transferred to the Discipline Unit. We have had difficulty filling our two NEC positions but plan to re-advertise the positions in the near future.

Program

We have cleared the backlog of older conviction complaints and have very few pending prior to September 2012. Those pending are due to court continuances.

Applicants for Licensure – Following the second letter given to nursing program directors in October 2012, we have now seen a reduction in follow-up letters of 45-50%. We will continue to work with the schools to urge applicants to include arrest records and full court dockets with their applications. Applications with complete documentation are reviewed and returned to Licensing within one week.

We continue to tighten up and streamline internal procedures with the goal of having desk manuals for each job classification.

The Enforcement division has completed BreEZe training and we anticipate a go live date of February 19, 2013. With implementation of a new computer application, we expect productivity to decline somewhat as system bugs need to be worked out and approximately 75-85% of procedures are changed to accommodate the new system.

Due to the increasing numbers of fraudulent transcripts being submitted with licensing applications, the BRN is working closely with other governmental agencies to assist us in completing our investigations.

Nursys – Alerts for out of state discipline are received daily through Nursys.

The Complaint Intake Manager and Kathy Hodge trained the new board member, Jeanette Dong, on the Complaint Intake unit and complaint processing.

Statistics

For fiscal year 2012/13, as of December 31, 2012, we received 3,975 complaints. Projected out, it is estimated we will receive approximately 7,950 complaints by the end of this fiscal year. The average time to close a complaint **not referred to discipline** went from 164 days in July 2012 to 127 days.

INVESTIGATIONS:

Staff

Northern – We hired one Special Investigator for the Fresno/Bakersfield region who started on January 22, 2013.

Southern – We hired one Special Investigator for North LA and one for San Diego. Both started on January 22, 2013. There will be another Special Investigator position opening in the near future for LA/Orange County.

Due to the number of So Cal cases and the difficulty in recruiting qualified Special Investigator candidates, we were approved to keep our retired annuitant until the end of the fiscal year.

Program

Supervisors continue to work with their investigators on case plans, interview techniques, data gathering, subpoenas, and report writing templates to streamline the investigative process. The investigative management team continues to work on standardizing policies, procedures, and forms.

We continue to utilize the resources and expertise of DOI for cases that meet their investigation criteria, as well as those that are prioritized as high or urgent. Due to the lack of fully trained resources in the So Cal division, the remaining 2010 and 2011 cases were recently referred back to DOI.

The Northern area Supervising Special Investigator and Kathy Hodge met with James Ackley, DOI Central Division Supervisor, on December 5, 2012 to make introductions and update one another on the status and concerns of the respective organizations. Both of our organizations are having difficulty obtaining documents from Kaiser Permanente without issuing a subpoena, particularly in the North. The AG's office is working with Kaiser Legal to define a process in which we will not incur lengthy delays of as much as four months. DOI remains very supportive of our investigation efforts and has offered to accommodate our investigators with interview rooms at the DOI offices throughout the state.

We are working with DOI to determine procedurally the best way to handle drug testing, should it be required during our investigations. We will be looking into contracting with a testing lab. In preparation for future drug detection and testing, So Cal staff and management attend Advanced Roadside Impaired Driving Enforcement (ARIDE) training which was provided free through the California Highway Patrol on January 29-30, 2013 in Chino, CA. No Cal staff and management are scheduled to attend the same class on March 7 in Folsom, CA.

On January 17, 2013, Investigations management and Stacie Berumen met with the Supervising Special Investigator from the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT) to exchange ideas since we are both relatively new units. It was highly informative and we look forward to working with them in the future to assist each other in refining our practices.

Eight special investigators and Northern management staff attended a training provided by DOI on Interviewing Techniques held on November 29, 2012.

The Northern Supervising Special Investigator and Kathy Hodge trained the new board member, Jeanette Dong, on the investigation unit and issues we are facing.

Statistics

We plan to present BRN investigations statistics at the March DDC meeting to give a better idea of how the unit is performing as follows:

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013
Total cases assigned					
Total cases unassigned (pending)					
Average days to case completion					
Average cost per case					
Cases closed					

As of December 31, 2012, there were 673 pending DOI investigations; there were 234 assigned and 204 unassigned (pending) BRN investigations. These numbers do not reflect the 32 cases closed out and referred to DOI in January.

Please review the enforcement statistics reports in 8.3 for additional breakdown of information for both units.

NOTE: Coding clean up in our tracking systems was completed in January. In reference to the attached enforcement statistics, it should be noted that investigation timeframes for BRN investigations reflects nearly two years' time when cases were being held while the new unit was being formed and staffed. Although the unit was established in July of 2011, all current special investigators, with the exception of one, and the management staff were not hired until well after January 2012. Due to the prolonged training requirements, loss of staff and case reassignments, productivity did not reach a desirable level until approximately October of 2012. We should start seeing these numbers drop in the near future.

NEXT STEP:

Continue filling vacant positions. Continue to review and adjust internal processes and monitor statistics for improvement in case processing time frames. Follow directions given by committee and/or board.

FINANCIAL IMPACT, IF ANY:

None at this time. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT:

Kathy Hodge, Deputy Chief, Complaints and Investigations
(916) 574-7678

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 8.2
DATE: February 6, 2013

ACTION REQUESTED: Information Only: Discipline and Probation Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with six monitors and one Office Technician (OT).

The Discipline Unit has recently filled the vacant OT position, with a lateral transfer from the Complaint Intake unit, due to begin February 4, 2013.

The Discipline and Probation Program loses 160 hours per month of staff time due to state mandated furloughs.

Program – Discipline

Discipline will continue to audit charges from the AGs offices to determine if the BRN is being charged appropriately. Our BRN research analyst also reviews AG charges seeking out anomalies for review. The Governor signed legislation which limits billing disputes with the AG's office to 45 days after a bill has been submitted for payment by an agency.

The total amount of open discipline cases are 1,843 with an average case load per analyst at 372. There are approximately 1,822 cases at the AG's office.

The Legal Support Analyst continues to preparing default decisions for the Sacramento, Oakland, and San Francisco AG Offices. We will continue to work with the AG to expand this process to include the San Diego and Los Angeles offices.

Two Discipline Analysts continue to work with the BreZE project to train all DCA Boards and Bureaus to use the new system. Training started on December 3, 2012 and runs through February 2013.

Our Legal Support Analyst and other staff have been busy processing the back log of Decisions. *As of January 24, 2013:*

Decisions Adopted by Board	736
Pending Processing by legal support staff	55

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. To date we have ordered \$25,900 for failure to update address change citations.

We continue to evaluate the records for RNs that have a social security number that is issued to more than one RN in violation of Business and Professions Code §30. To date we have ordered \$15,000 in fines for failure to provide valid social security number citations.

We have issued more citations and received more payments than any time in BRN history.

Citation information reflects the work for Fiscal Year 2013, July 1, 2012 through January 23, 2013.

Number of citations issued	439
Total fines ordered	\$151,475.00
Fines paid	\$129,119.00
Citations pending issuance	300+

The Discipline Unit continues to work on the NURSIS discipline data comparison project (SCRUB).
The status of the documents reviewed:

Referred to the Attorney General	669
Pleadings Received	527
Default Decisions Effective	212
Stipulated Decisions Effective	162
Referred to Cite and Fine	64
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	917

Program – Probation

Staff attended the Nurse Facilitator Meeting held by Maximum in Emeryville on December 4, 2012. The Facilitator's were receptive to the probation monitors and the information provided. Positive feedback was received from the facilitators that they have a better understanding of the probation program.

Staff met with a representative from FirstLab for training on the new format available from the system for chemical dependency drug screening. The unit also attended a free Webinar provided by FirstLab on the "Ethanol Biomarkers" on December 13, 2012, for assistance with analyzing positive drug screens. The AG's office was invited to the webinar to assist with the processing of our pleadings.

The Probation Manager and Deputy Chief met with the Chief Executive Officer from FirstLab to discuss the availability of mobile drug screening services for probationers that reside in remote areas. This service would provide probationers easier access for drug screening. Increasing the availability of Medical Review Officers to provide expert testimony was discussed; providing West coast experts will decrease the cost of these services for our enforcement cases.

AG COSTS:

As of December 31, 2012, the BRN has expended \$1,269,715 at the AG's office on the NURSYS SCRUB cases.

Statistics - Discipline

Please review additional statistical information which can be found under item 8.3.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2012 to January 24, 2013

Probation Data	Numbers	% of Total
Male	177	24%
Female	540	76%
Chemical Dependency	370	51%
Practice Case	207	29%
Mental Health	1	<1%
Conviction	139	20%
Advanced Certificates	69	8%
Southern California	363	51%
Northern California	354	49%
Pending at the AG	74	10%
License Revoked	17	<1%
License Surrendered	45	<1%
Terminated	5	
Completed	26	<1%
Total Rev/Surr/Ter/Completed	93	
Total in-state probationers	717	
Tolled Probationers	214	

NEXT STEP:

Follow directions given by committee and/or board.
Regain ability to prepare all default decisions.

FINANCIAL IMPACT, IF ANY:

AG's budget line item will be closely monitored.
Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT:

Beth Scott, Deputy Chief of Discipline, Probation, and Diversion
(916) 574-8187

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 8.3
DATE: February 6, 2013

ACTION REQUESTED: Information Only: Enforcement Division Statistics

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Attached you will find statistics for the Enforcement Division. Please review the information provided.

NEXT STEP: Updates will be provided to the committee and board at each meeting. Follow directions given by committee and/or board.

FINANCIAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT: Kathy Hodge, Deputy Chief of Complaint Intake and Investigations
(916) 574-7678

Beth Scott, Deputy Chief of Discipline, Probation and Diversion
(916) 574-8187

CALIFORNIA BOARD OF REGISTERED NURSING ENFORCEMENT STATISTICS

December 31, 2012

STATISTICAL DESCRIPTION	2008-09	2009-10	2010-11	2011-12	2012-13*	Projected FY 2012-13
Complaints Received	5,794	7,483	7,977	7,844	3,975	7,950
Consumer Complaints	3,323	2,190	3,063	2,735	1,413	2,826
Convictions/Arrests	2,471	5,293	4,914	5,109	2,562	5,124
Referred to Diversion Program	400	604	368	1,053	368	736
Division of Investigation (Sworn)-Assigned	582	484	835	693	272	544
Division of Investigation Closed	748	1,015	716	648	423	846
Division of Investigation Pending	1,170	641	789	851	673	
BRN Investigations (Non Sworn)-Assigned		58	33	298	131	262
BRN Investigations Closed		14	53	27	73	146
BRN Investigations Pending		40	25	280	522	
BRN Desk Investigations Assigned	5,650	7,865	7,409	7,204	3,660	7,320
BRN Desk Investigations Closed	3,519	7,116	6,668	5,925	4,380	8,760
BRN Desk Investigations Pending	1,677	1,887	2,137	3,029	2,414	
Criminal Actions Filed	22	21	16	9	1	2
Total Cite and Fine Citations Issued	115	181	105	412	417	834
Referred to Attorney General	515	766	1,190	944	984	1,968
Cases Pending at Attorney General	692	838	1,198	1,448	1,802	
Petitions to Revoke Probation Filed	59	91	61	55	32	64
Accusations Filed	359	696	913	589	467	934
Statements of Issues Filed	14	13	52	132	76	152
Total Pleadings	432	800	1,026	776	575	1,150
Orders to Compel Examination (Sec. 820)	4	4	10	12	7	14
Interim Suspension Order	2	8	1	0	1	2
PC23	8	6	7	8	7	14
Applicant Disciplinary Actions:						
(a) License Denied	15	27	55	72	35	70
(b) License Issued on Probation	4	9	14	43	45	90
Total, Applicant Discipline	19	36	69	115	80	160
Licensee Disciplinary Actions:						
(a) Revocation	131	243	273	227	143	286
(b) Probation	139	176	267	225	158	316
(c) Suspension/Probation	6	1	6	3	1	2
(d) License Surrendered	79	92	155	128	115	230
(e) Public Reprimand/Reproval	8	12	37	79	33	66
(f) Decisions Other	5	2	5	3	2	4
Total, Licensee Discipline	368	526	743	665	452	904
Process Used for Discipline (licensees)						
(a) Administrative Hearing	56	58	102	121	64	128
(b) Default Decision	105	206	217	183	114	228
(c) Stipulation	207	262	424	361	274	548
Total	368	526	743	665	452	904

*Fiscal Year to Date

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 12/31/2012

PAGE:

COMPLAINT INTAKE

		AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		
COMPLAINTS		401	308	204		192		
RECEIVED					150			
CLOSED W/O INV ASSIGNMENT	32	44	26	48		31		
ASSIGNED FOR INVESTIGATION	101	349	298	185	53	112		
AVG DAYS TO CLOSE OR ASSIGN	22	6	10	49	154	10		1413
PENDING		162	146	117	23	109		
	JUL-12				60			234
CONVICTIONS/ARREST REPORTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		1199
RECEIVED		406	360	400		505		
CLSD/ASSGND FOR INVESTIGATION	497	338	401	399	381	475		189
AVG DAYS TO CLOSE OR ASSIGN	4	8	9	14	424	6		
PENDING		146	105	106	10	93	YTD	2562
	154				63			2534
TOTAL INTAKE		AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		
RECEIVED		807	668	604		697		
CLOSED W/O INV ASSIGNMENT	50	49	33	66	531	42		83
ASSIGNED FOR INVESTIGATION	510	580	682	692	566	576		
AVG DAYS TO CLOSE OR ASSIGN	8	7	10	27	567	7		
PENDING		308	251	223	15	202	YTD	3975
	JUL-12				123			304
								3663
	668							12
							YTD	202
	232							

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 12/31/2012

PAGE:

INVESTIGATIONS

		AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		
DESK INVESTIGATIONS		679	693	565		576		
ASSIGNMENTS		692	688	873	566	700		
CLOSED		139	146	135	783	126		
AVERAGE DAYS TO CLOSE		3325	3275	2867	2590	2414		3660
PENDING								4380
FIELD INVESTIGATIONS:NON-SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		
		23	30	44		11		136
ASSIGNMENTS		2	12	10	15	16		2414
CLOSED	581	766	694	726	19	710		
AVERAGE DAYS TO CLOSE	644	480	498	531	634	522		
PENDING	160				527		YTD	131
	3414							
FIELD INVESTIGATIONS:SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		
		53	23	63		40		73
ASSIGNMENTS		66	73	71	47	68		745
CLOSED		590	576	644	67	569		522
AVERAGE DAYS TO CLOSE	84	784	734	721	707	673		
PENDING	988				701		YTD	272
	460							423
ALL INVESTIGATIONS		AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		
FIRST ASSIGNMENTS		682	693	566		576		621
CLOSED		760	773	954	567	784		673
AVERAGE DAYS TO CLOSE	46	180	195	179	869	176		
PENDING	78	4589	4507	4119	175	3609		
	642				3818		YTD	3665
	792							4876
ALL INVESTIGATIONS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		
UP TO 90 DAYS		422	421	515	487	443		188
91 TO 180 DAYS	581	91	106	154	145	94		3609
181 DAYS TO 1 YEAR	736	106	71	131		94		
1 TO 2 YEARS	227	96	127	104	89	115		
2 TO 3 YEARS	4666	42	40	32	113	29	YTD	2692
OVER 3 YEARS		3	8	17	25	9		649
					10			589
CLOSED W/O DISCIPLINE REFERRAL	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12		677
		571	565	713	653	589		205
CLOSED	59	138	135	136	130	127		
AVERAGE DAYS TO CLOSE	98						YTD	63
	122							
	37							3625
	16							138
	534							
	164						YTD	

NO DISCIPLINARY ACTION		AUG-12	SEP-12	OCT-12	NOV-12	DEC-12
CLOSED W/O DISCIPLINARY ACTION	1	1	0	5		0
AVERAGE DAYS TO COMPLETE	51	662	0	402	355	0

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BOARD OF REGISTERED NURSING
PERFORMANCE MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 12/31/2012

08:36:35
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PERFORMANCE MEASURES

		AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	
PM1: COMPLAINTS VOLUME		401	308	204	150	192	
PM1: CONV/ARREST RPRTS VOLUME	510	406	360	400	381	505	
		7	10	27		7	YTD
PM2: CYCLE TIME-INTAKE							1413
PM3: CYCLE TIME-NO DISCIPLINE	164	138	135	136	130	127	2562
PM4: CYCLE TIME-DISCIPLINE	736	700	822	736	756	711	
JUL-12							
	158						138
							739

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME

Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE

Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE

Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE

Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 8.4
DATE: February 6, 2013

ACTION REQUESTED: Information Only: Diversion Program Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Program Update

The Diversion Program Manager and staff conducted interviews to fill the vacant Office Technician Position. There is a growing backlog of complaints as a result of lack of staff and furlough hours. Staff diligently works to process the numerous complaints received in addition to maintaining other responsibilities.

On December 4, 2012, a Nurse Support Group (NSG) Facilitator Conference was held in Emeryville, California to educate new and existing NSG facilitators about the Board of Registered Nursing's (BRN) requirements and expectations as it relates to their groups. There were 37 in attendance including 27 NSG facilitators. Mihran Ask, MD, an addictionologist, presented the latest information regarding pain management and drug addiction. The facilitators surveyed indicated the information was necessary, well received and very appreciative of the BRN and contractor for the conference.

A Diversion Evaluation Committee (DEC) member orientation was held on December 5, 2012, in Emeryville, California. This was the largest DEC member orientation held by the BRN with 9 new DEC members in attendance. The DEC members were educated on their responsibilities and instructed as to the BRN requirements and obligations to RNs in need of direction and support in recovery. Emphasis was placed on the protection of the public and the responsibility of the DEC members. Mihran Ask, MD presented extensive training on pain management and drug addiction.

Completed surveys show DEC members have over 500 years of substance abuse disorder and/or mental health experience. These healthcare professionals and staff are commended and acknowledged for their continued dedication in the field of addiction and mental health.

Contractor Update

Maximus and the BRN have been working with DCA legal throughout the year regarding the DCA contract and necessary updates to drug testing protocols and up to date technology. Virginia Matthews, Program Director, will present Maximus' 2012 year-end summary.

Diversion Evaluation Committees (DEC)

There is currently one physician vacancy at this time. Recruitment efforts continue.

Statistics

The Statistical Summary Report for October and November, 2012 is attached. As of November 30, 2012, there were 1,730 successful completions.

NEXT STEP:

None

FINANCIAL IMPACT, IF ANY:

None at this time. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT:

Carol Stanford, Diversion Program Manager
(916) 574-7616

**BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
October 1, 2012 - November 30, 2012**

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	39	85	4,539
INTAKE INFORMATION			
Female	33	71	3,556
Male	6	14	956
Unknown	0	0	27
Average Age	40-54		
Most Common Worksite	Hospital		
Most Common Specialty	ER/Med-Surg		
Most Common Substance Abused	Alcohol/Norco		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	20	38	2,914
Mental Illness (only)	1	2	149
Dual Diagnosis	18	41	1,425
Undetermined	0	4	51
REFERRAL TYPE*			
Board	22	62	3,265
Self	17	23	1,274
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	1	32
Asian/Asian Indian	1	4	96
African American	0	1	140
Hispanic	4	8	178
Native American/Pacific Islander	0	0	19
Caucasian	33	70	3,744
Other	1	1	64
Not Reported	0	0	266
CLOSURES			
Successful Completion	25	61	1,730
Failure to Derive Benefit	1	1	116
Failure to Comply	2	5	943
Moved to Another State	0	0	51
Not Accepted by DEC	0	0	47
Voluntary Withdrawal Post-DEC	1	3	306
Voluntary Withdrawal Pre-DEC	1	6	449
Closed Public Risk	3	4	250
No Longer Eligible	1	3	13
Clinically Inappropriate	1	4	16
Client Expired	0	0	38
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	35	87	3,960
NUMBER OF PARTICIPANTS: 452 (as of November 30, 2012)			

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 8.4.1

DATE: February 6, 2013

ACTION REQUESTED: Information Only: Diversion Evaluation Committee Transfer

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

TRANSFER

Below is the name of the DEC member who would like to transfer from his appointed DEC to another DEC for personal reasons.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Scott Reiter, MD	Physician	Ontario	9

NEXT STEP: Continue recruiting efforts

FINANCIAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager
(916) 574-7616

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 8.4.2

DATE: February 6, 2013

ACTION REQUESTED: Information Only: Diversion Evaluation Committee Resignation

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

RESIGNATION

Diversion Evaluation Committee Member Resignation for personal reasons.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
David Silverman, PhD.	Public	San Jose	7

NEXT STEP: Continue recruiting efforts

FINANCIAL IMPACT, IF ANY: None at this time

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager
(916) 574-7616

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.1
DATE: February 6, 2013

ACTION REQUESTED: Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Report
REQUESTED BY: Michael Jackson, BSN, RN, Chairperson

BACKGROUND:

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- California State University Long Beach Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- University of California, Irvine, Baccalaureate Degree Nursing Program
- University of San Francisco School of Nursing and Health Professions Entry Level Master's Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Long Beach City College Associate Degree Nursing Program
- Santa Barbara City College Associate Degree Nursing Program
- Sierra College Associate Degree Nursing Program
- Ventura College Associate Degree Nursing Program
- University of California, Davis, Family Nurse Practitioner Program (MSN and Post Master's Certificate Programs)

Acknowledge Receipt of Program Progress Report:

- Dominican University of California Baccalaureate Degree Nursing Program
- Samuel Merritt University Baccalaureate Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- ITT Technical Institute Breckinridge School of Nursing Associate Degree Nursing Program (Rancho Cordova)
- Shepherd University Associate Degree Nursing Program

NEXT STEP: Notify the programs of Board action.
FISCAL IMPACT, IF ANY: None
PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant, (760) 369-3170

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: January 9, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
California State University, Long Beach, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs	S. Ward	10/30/2012	Adding Nrsg. 451 Leadership and Management a (2) unit theory course, and Nrsg. 458 NCLEX Review, a (1) unit theory course both in the last semester of the curriculum. Clinical nursing courses that were separate theory and clinical courses are merged into one course with the same course name and number; containing both the theory and clinical components in each course.
San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs	K. Weinkam	12/14/2012	As a one-time occurrence, and due to the higher number of students enrolled in the fifth semester for spring 2013 with a difficulty in obtaining preceptorships, students will enroll in either the regularly offered N557, the capstone practicum, or in the newly developed N555, a faculty-supervised concluding clinical. The LVN-30 unit option has been modified to delete N300 Bridge to SFSU (1 unit), N321 Pathophysiology (3 units), and N313 Foundations in Nursing Practicum (2 units) and to add N316 Health Assessment Lab (1 unit) and N323 Med/Surg (3 units), which also integrates geriatrics, so that students have clinical experience with more complex conditions for adult and geriatric patients. Admissions to the Entry Level Master's Program have been suspended to allow the program the opportunity to review the ELM program in light of an upcoming major curriculum revision for the baccalaureate degree program.
The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program	J. Wackerly	12/05/2012	New Mission statement for the school of nursing. [Provide educational excellence in the science and art of professional nursing while empowering our graduates to be responsible and knowledgeable clinicians, leaders, and scholars who will meet changing global healthcare needs.]
University of California, Irvine, Baccalaureate Degree Nursing Program	L. Moody	11/29/2012	Effective 2013, additional courses offered at UCI have been identified that will be accepted to meet the nursing program's sociology and psychology requirements.
University of San Francisco School of Nursing and Health Professions Entry Level Master's Degree	K. Weinkam	11/2/12	Effective spring 2013, due to an overlap in content with another clinical course, the two-unit NURS 616 Health Promotions Clinical Lab course will no longer be offered. One clinical unit will be added to each course NURS 617 Childbearing Families Clinical Lab and NURS 652 Applied Assessment and

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Nursing Program			Fundamental Skills Lab. NURS 617 Advanced Pathophysiology and Pharmacology (3 units) will continue to be offered, but as a graduate course, not as prelicensure content. The program had requested and was given approval in 2011 for changes in two med/surg theory courses. However, an oversight resulted in the program not requesting a change in the allocation of units for the corresponding clinical courses, NURS 619 Med/Surg Clinical Lab I (4 units to 3) and NURS 636 Med/Surg Clinical Lab II (2 units to 3). Curriculum forms now reflect these approved changes. Total units for licensure are now 75 semester units.
Western Governors University Baccalaureate Degree Nursing Program	S. Ward	12/12/2012	Added DOV1: Health Assessment a (3) unit theory course to the first semester of year three in the program. Added DLV1: Care of the Older Adult a (3) unit theory course in the second semester of year three in the program. Deleted BBC1: Communications Foundation a (2) unit theory course. Some courses were realigned to support the new course additions. Courses are renumbered and some are renamed.
College of the Sequoias Associate Degree Nursing Program	K. McHan	11/15/2012	Change the course number for Introduction to Promote and Restore Wellness I from NURS 156 to NURS 151. This change is based on the campus CurricUNET system for course approval and does not involve any other change to the course.
Long Beach City College Associate Degree Nursing Program	S. Ward	09/07/2012	The college is converting from an 18-week semester to a compressed 16-week semester schedule. Total hours, units and content in the current approved curriculum are unchanged. The hours/week are increased.
Santa Barbara City College Associate Degree Nursing Program	S. Ward	12/06/2012	Deleting N-200 Topics a (0.2) unit theory course from each of the four program semesters. It decreases total nursing theory courses from (18.8) to (18) units. The deleted course content is now provided in other existing courses.
Sierra College Associate Degree Nursing Program	K. Daugherty	11/15/2012	Effective March 2013, use some of the existing clinical hours in the final program course N 24 to implement a five weeks preceptorship experience meeting CCR 1426.1 requirements. N 24 course materials have been appropriately revised to reflect this change. Total course clinical hours/units are the same and the total CRL/TCP units and hours remain unchanged.

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Ventura College Associate Degree Nursing Program	S. Ward	09/11/2012	AnPh V01: Introduction to Human Anatomy & Physiology (5) units is changed into two separate courses – ANATV01:General Human Anatomy (4) units and PSHOV01: Introduction the Human Physiology (4) units. MICR V01: General Microbiology (5) units is changed to (4) units. HEC V24: Human Development is changed to CDV03. NSV31 and NSV41, courses in the LVN 30- unit option curriculum, are corrected to reflect 10.5 units for each course. Changes increase science units to (21) and Total Units for Licensure to (71) semester units.
University of California, Davis, Family Nurse Practitioner Program (MSN and Post Master's Certificate Programs)	K. Daugherty	11/06/2012	In the existing approved program of study, replace the largely online delivery of theory instruction by faculty with a greater amount of on campus face to face instruction delivered directly by faculty.

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Dominican University of California Baccalaureate Degree Nursing Program	K. McHan	08-12-2012	The program submitted an Action Plan addressing the NCLEX pass rate of 74.58% for academic year 2011-2012. A Maj Curr Rev (03-11-2011) was initiated spring 2011 to strengthen the program and improve the pass rate. The Action Plan includes 1) reducing enrollment to no more than 100 (60 traditional and 40 transfer) new students annually to begin academic year 2013-2014; 2) progressing no more than 48 students into sophomore 1 semester beginning fall 2012; 3) increasing rigor of admission and progression policies (spring 2011), 3) increasing rigor in the senior synthesis course (fall 2012), 4) Kaplan remediation program for test taking skills and Kaplan 4-day intensive NCLEX review (fall 2011), 5) emphasizing test taking strategies across the 6 semesters (fall 2012); 6) faculty development with a curriculum consultant, curriculum review and workshop (completed May 2012); 7) explicitly stating CCNE's BSN Essentials and QSEN Competencies in all syllabi to ensure incorporation in each course, 8) adding one full-time faculty member, reducing faculty/student ratios in course sections, and hiring of additional staff for coordination of clinical site/placement/orientation; 9) increasing leadership, evidence-based practice, and policy/regulatory content across the curriculum; and, 10) clearly identifying terminal objectives with progression of skill and content complexity throughout the program.
Samuel Merritt University Baccalaureate Degree Nursing Program	J. Wackerly	11/13/2012	Effective November 2, 2012 the Learning Center of Samuel Merritt University School of Nursing located at 555 San Jose Ave, San Francisco, CA 94110 was officially closed. Henceforth, the students who are admitted to the June and November cohorts of the accelerated BSN program will be matriculating at their new expanded campus at 1720 South Amphlett Blvd, San Mateo, CA 94402. The existing campus in San Mateo will be named San Francisco Peninsula Learning Center. The merged campus is under the leadership of Dr. Mileva Saulo Lewis, Managing Director, and is supervised by Dr. Nancy Haugen. PhD, RN, Chair, ABSN.

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Western Governors University Baccalaureate Degree Nursing Program	S. Ward	11/15/2012	The Western Governors University has moved to a new location. The new business address is at 2900 S. Harbor Blvd., Suite 201, Santa Ana, CA 92704. The new facility contains office space and a skills/simulation lab. The program reported that the space available to support students increased from 900 sq. feet to over 3000 square feet. A site visit was conducted at the new location on 11/15/12.
ITT Technical Institute Breckinridge School of Nursing Associate Degree Nursing Program (Rancho Cordova)	K. Daugherty	December 17, 2012	A routinely scheduled interim visit to validate program implementation as initially approved was made November 9 & 15, 2012. The program is currently approved to admit a cohort of 30 students twice a year. To date the program has enrolled two cohorts of 30 students (March 2012 and September 2012). Current enrollment is at 54. The program's overall retention rate is at 80%(attrition of 6 students). The attrition of three students was due to student elected changes and the other three were due course failures in term two of the program. Program re-entry is allowed one time on a space available basis and the limit of no more than 30 students in any one cohort at any one time. At the time of the visit, students in both cohorts, term one and term three, reported overall satisfaction with the program of study with the usual types of suggestions to meet student learning needs as a new program. During the November site visit, three areas of non-compliance (CCR 1424 (2)(e) Sufficient Director/Assistant Director time), CCR 1424 (2) (f) No qualified Assistant Director in place due to an unexpected faculty/AD resignation (AD), and CCR 1424 (2) (h) Adequate type and number of faculty due to two unexpected FT faculty resignations. ITT took immediate action to promptly correct the three areas of non-compliance. As a follow up to the November 2012 site visit, the program's assigned NEC will continue to monitor the program to validate the program maintains compliance with the regulations and implements the program as approved. The first program cohort is expected to complete the program in June 2014.

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SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
Shepherd University Associate Degree Nursing Program	M. Minato, SNEC	10/19/2012	<p>The program notified the BRN on September 13, 2012 that Shepherd University purchased a new campus and was relocating to 3200 N. San Fernando Road, Los Angeles, CA 90065. The university moved all services and programs to the new site during first week in October. On October 19 a site visit of the new facility was conducted. The remodeling was continuing with some areas of the campus, but classrooms and nursing labs were ready. The anticipated completion for the remodeling is January 2013.</p> <p>All of the University's programs (Theology; Music; IT; and Nursing -RN and LVN) will be housed in the two buildings (83,600 sq ft) space on the new campus, which is on the 5.83 acre land near the I-5 and 2 Freeways. There are ample classrooms and parking spaces. Included within the building are two large skills labs (RN and LVN) that hold 45 students each, and a simulation lab that will have a hi-fidelity human simulator (on order), in addition to the existing mid-fidelity simulators. Other physical spaces included, a computer lab, library, student lounge, faculty offices, and spaces for support services.</p>

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.2
DATE: February 6, 2013

ACTION REQUESTED: Education/Licensing Committee Recommendations

REQUESTED BY: Michael Jackson, BSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on January 9, 2013 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program

- California Baptist University Baccalaureate Degree and Entry Level Master's Degree Option Nursing Programs
- California State University, Channel Islands, Baccalaureate Degree Nursing Program
- California State University, Long Beach, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- California State University, Los Angeles, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- California State University, San Marcos, Baccalaureate Degree Nursing Program
- Allan Hancock College Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Moorpark College Associate Degree Nursing Program
- Ohlone College Associate Degree Nursing Program

B. Defer Action to Continue Approval of Prelicensure Nursing Program

- American University of Health Sciences Baccalaureate Degree Nursing Program
- Los Angeles Southwest College Associate Degree Nursing Program

C. Continue Approval of Advanced Practice Nursing Program

- Azusa Pacific University Nurse Practitioner Program
- California State University, Long Beach, Nurse Practitioner Program
- California State University, Los Angeles, Nurse Practitioner Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Leslie A. Moody, Nursing Education Consultant
(760) 369-3170

Education/Licensing Committee Recommendations
From meeting of January 9, 2013

Education/Licensing Committee Recommendations:

A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **California Baptist University Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option.**

Dr. Geneva Oaks, Dean of the School of Nursing and Program Director, and Dr. Susan Drummond, Associate Dean.

On October 10 - 11, 2011, Badrieh Caraway and Miyo Minato, NECs, conducted a regularly scheduled continuing approval visit to the prelicensure nursing programs at California Baptist University School of Nursing (CBU-SON). The program was found in compliance with Board rules and regulations, and one recommendation was given in CCR 1426.1(b)(6) Preceptor Records.

The Board approved CBU-SON to start a new BSN program in fall 2006 and approved a major curriculum revision to start the ELM option which accepted students in May 2008. The student enrollments have increased from the initial admission of 60 students (40 in Fall; 20 in Spring) to 100 per year (60 in Fall; 40 in Spring) in 2010. The total number of admissions to date into the BSN is 336 and to ELM program is 45. In addition to the prelicensure nursing programs, CBU-SON offers a RN-BSN program (started September 2006) and a MSN program (started January 2011).

There are adequate physical spaces and resources to support the increased number of students and faculty, such as a new Learning Resource Center (renovated 2008) that has classrooms, hi-fidelity simulation lab (five beds for adult, pediatric, birthing, and newborn models), two skills labs (nine and ten beds) with desks and chairs, and a computer lab (40 laptops). The university has leased a large classroom space from a church across the street to house a cohort of 60 students that started with the fall 2011 admission. Administration has future plans for the university that includes a new building for CBU-SON.

Staff support and faculty numbers have increased accordingly to reflect the growth of CBU-SON. In addition to the clerical and administrative support, there are Health Records Analyst, Clinical Site Coordinator, Skills Lab Director, and Technical Director (simulation and faculty support). There are 40 faculty members teaching in the program (21 full-time faculty and 19 part-time). There is institutional support for faculty development, research, and scholarly activities, including 75% tuition reimbursement for faculty members enrolled in doctoral programs.

Students reported rich learning environment and supportive faculty and praised the faculty members for their responsiveness to students' feedback. In addition to having student representatives, the students have an opportunity to meet to voice concerns during Director's Council that is held each semester. Students voiced no problems with their clinical experiences. However, the program is using all available schedules including a night shift for clinical placement in pediatrics to meet the required clinical experience. Interviews and document reviews showed implementation of their program evaluation, and faculty making changes based on analyses of data.

California Baptist University BSN NCLEX pass rate: 2008-09 95.45%; 2009-10 91.67%;
2010-11 85.71%.

California Baptist University MSN NCLEX pass rate: 2009-10 100%; 2010-11 93.75%.

ACTION: Continue Approval of California Baptist University Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option.

• **California State University, Channel Islands, Baccalaureate Degree Nursing Program**
Dr. Karen Jensen, Chair of Nursing and Coleen Nevins, Assistant Chair.

A scheduled continuing approval visit was conducted October 15-16, 2012 by Nursing Education Consultants Leslie Moody, Badrieh Caraway and Gloria Middleton. The program was found to be in compliance with BRN regulations. One recommendation was written regarding faculty resources CCR Section 1424(h).

California State University, Channel Islands (CSUCI), opened in 2002 and is the only public university in Ventura County. Although part of the public state university system, the major funding for establishing the university came from private sources and the university continues to benefit from strong community support. The university is WASC accredited.

The CSUCI baccalaureate degree nursing program received initial program approval from the BRN in 2007 and became CCNE accredited in 2010. The first student cohort of 66 generic nursing students was admitted August 2007 and graduated May 2010 with 84% subsequently passing NCLEX per program report. The initial cohort was split into two sub-cohorts of 33 students each, one of which completed all coursework at the university. The second sub-cohort completed lower division coursework at Moorpark College under a specially funded collaborative and then joined the primary cohort to complete upper division coursework at the university. This collaborative was not funded after the first year so subsequently all students were admitted only to the university track. From 2008 thru 2010 cohorts of 33 students have been admitted each Fall with an increase to 44 students for the Fall 2012 admission cohort. The current plan is to maintain admissions at this level which is considered to be optimally efficient for program delivery and fiscal management. In September 2010 the CSUCI nursing program received BRN approval to open an extension campus near Santa Barbara in Goleta. The extension was established in partnership with Cottage Health System of Santa Barbara and admitted the first cohort of 22 students in January 2012 - a new cohort of 22 students will be admitted annually each Spring. The curriculum content offered at the extension campus is the same as the primary campus but has minor variation in course sequencing and students complete in only two and one-half years due to a more concentrated course sequence and completion of all general education and nursing prerequisite courses prior to admission.

While attrition for the main campus cohort has been below 8%, attrition for the first cohort of Santa Barbara extension campus students is 35% with a loss of 8/22 students by the end of the second semester. Two students left to enter advanced practice programs (1 NP, 1 PA); two left because they could not meet the academic challenge; one stopped out due to commission of serious safety violation; one left due to personal illness; one is reconsidering nursing as a career; one decided against nursing as a career. Five are eligible to re-enter the program if they choose. The program director and faculty have been tracking and analyzing this phenomenon and are applying the information to develop modifications of recruitment and selection procedures for future admission cohorts at the extension campus.

In a well-attended meeting, the faculty described a high level of involvement by both full and part-time faculty with program monitoring and improvement as well as instructional delivery. Meetings were held with students of all levels at both campuses and these meetings were well attended. Students conveyed satisfaction with their many opportunities for involvement with program review and change recommendation. Some students of all groups reported they felt most challenged by the pathophysiology

course and students at the extended campus expressed concern with the volume and density of material presented in the first semester. These concerns were shared with the faculty group whose past curriculum meeting minutes indicate some remedies have been tried and more are being developed to ensure a manageable level, scope and presentation of content for the pathophysiology course. Evaluation of the curriculum presentation at the extended campus is also under review to determine what revisions may be necessary to ensure student success. Students consistently emphasized their overall satisfaction with the quality and delivery of the nursing program and support services, specifically identifying faculty and program director support as strengths.

Separate meetings were held with Dr. Richard R. Rush, President and Dr. Dawn S. Neuman, Provost/Vice President for Academic Affairs. Both reported that there were no current plans for change to enrollment or delivery patterns of the nursing program. There was agreement that filling the two full-time faculty vacancies is a high priority concern that may require considering intermediate alternatives to qualifications requirements as a short-term solution while continuing to seek candidates that meet all university requirements for tenure track positions. The need for addition of an on-site assistant program director for the Santa Barbara extension campus as additional cohorts are enrolled at that site was acknowledged and endorsed by Dr. Rush and Dr. Neuman who confirmed that a plan is in place for this action. These university administrators were knowledgeable of the strengths and challenges experienced by the nursing program and expressed strong commitment to the program's continued success.

ACTION: Continue Approval of California State University, Channel Islands, Baccalaureate Degree Nursing Program.

- **California State University, Long Beach, Baccalaureate Degree, Entry-Level Master's Degree and Accelerated Entry Level BSN/MSN Option Nursing Programs**

Dr. Loucine M. Huckabay, Director and Professor.

A continuing approval visit was conducted at the California State University Long Beach Baccalaureate and Entry-Level Master's Degree Nursing Programs by Shelley Ward, NEC, Miyo Minato, SNEC and Carol Mackay, NEC, on September 25-26, 2012. The program was found to be in compliance with the Board's rules and regulations. Two recommendations were given in the areas of CCR Section 1424 (d) – Resources and CCR 1425.1 (a) – Faculty Responsibilities.

The CSU School of Nursing is organized within the College of Health and Human Services. The undergraduate prelicensure programs include a generic "Basic" BSN degree option (3-yr), a trimester schedule BSN degree option (2-yr), an Accelerated Entry-Level BSN/MSN option (3-yr). Entry-Level Master's option students have a BSN degree conferred after completion of the prelicensure component of the program (18-months). The program has previously offered an accelerated BSN degree option. The School of Nursing also offers a RN-BSN program. Masters level programs include: nurse practitioner (5 specialties), CNS, Nursing Administration, MSN/MPH, MSN/HCA degrees. School Nurse Credential and post-master's degree certificates are also offered.

Changes reported since the last BRN visit included: Moving into the new nursing building beginning in January 2010; change from a Department of Nursing to a School of Nursing (May 2010); revision of terminal program objectives and program outcome measures; admission of the first Doctor of Nursing Practice Degree Program students (Fall 2012/13 consortium with CSU Fullerton and CSU Los Angeles) .

Program strengths include stable long-term leadership provided by director and assistant director of the program (both appointed in 2001). The program director has been very influential and successful in securing

a variety of grants and donations, and in building partnerships with clinical agencies to improve and expand program resources in many significant ways. This has resulted in increased physical space, equipment and capacity for offering nursing program options and in meeting specific instructional needs of students.

Program concerns were related to replacement of tenured senior full-time faculty losses due to retirements over the last 5-years given the budgetary climate California education programs are facing. The consultants discussed the situation with the Dean responsible for the program to gain insight into future plans for faculty.

The program is working collaboratively with local community colleges that offer an Associate Degree in Nursing program on seamless student transition plans. The existing curriculum (137 Units) is under review to determine potential modifications that would reduce the total program units for degree completion to 120.

NCLEX- RN examination outcome scores for first-time test takers has exceeded BRN requirements in a sustained manner over the last six years, ranging from 84.52% to 97.38% (BRN records academic years 2006-2012). The program tracks NCLEX examination outcomes for each program option on an ongoing basis.

ACTION: Continue Approval of California State University, Long Beach, Baccalaureate Degree, Entry-Level Master's Degree and Accelerated Entry Level BSN/MSN Option Nursing Programs

- **California State University, Los Angeles (CSULA), Baccalaureate Degree Nursing Program (BSN) and Entry Level Master's in Nursing (ELMN) Program.**

Dr. Cynthia B. Hughes, Director – School of Nursing and Dr. Lorie Judson, Assistant Director.

Nursing Education Consultants Leslie A. Moody, Carol Mackay, Shelley Ward and Gloria Middleton conducted a regularly scheduled continuing approval visit for the CSULA BSN and ELMN programs on November 6-8, 2012. The program was found to be in compliance with BRN rules and regulations. Recommendations were made regarding Section 1424(b)(1) related to evaluation of the total program and Section 1424(d) related to simulation/skills lab. The program submitted an acceptable plan of action to address these concerns.

The CCNE accredited CSULA school of nursing is one of the oldest in California and the college campus is a designated minority service and Hispanic serving institution. The nursing students are ethnically, economically and culturally diverse, and include a large male population ranging from 18.6-23.5% in the most recent 5-year period. Admission applications to the impacted generic BSN program exceed the available spaces by almost 10:1. Fifty to sixty students are admitted every Fall, with total program enrollment approximately 275 at the time of visit. Annual NCLEX outcomes are consistently above minimum threshold, ranging 81.43%-95.35% for the past five years. The most recent graduate survey shows 94% found RN employment in the year following graduation.

The ELMN program accepts students who have earned a non-nursing baccalaureate degree and admitted the first cohort in Summer 2004. Approximately 20 students are admitted each summer with a total current enrollment of 84. In the first 15 months of the program students complete prelicensure coursework. NCLEX outcomes for this program are consistently above threshold ranging 91.89%-100% for the past five years, with 100% pass for two of the five years. After achieving RN licensure the students select an MSN option to complete the ELMN program. Although the ELMN program was originally planned to be completed within 3 years, many students require 4-6 years to complete the program and obtain their master's degree – 65% of cohort 3 completed by the end of 4 years; 79% of cohort 4 completed by the end of 4 years; 67% of cohort 5 completed by the end of 4 years; 55% of cohort 6 completed after 3 years.

Reasons for delayed completion include dropping to part-time student status due to employment as an RN, taking a semester hiatus from the program following licensure and entering an NP track that takes longer to complete due to additional units required. Program leadership and faculty have been tracking program completion data and are conducting a thorough evaluation of the program to determine where revisions may be needed to improve on-time program completion.

One skills training area has 8 exam rooms, each set up with equipment and supplies for realistic practice. Skills training and simulation are also conducted in a large seven bed lab equipped with one hi-fidelity and six mid-fidelity mannequins (infant, adolescent and adult). Faculty are continuing to expand the use of simulation so that it will be utilized for instruction in all five major content areas. Plans for expanding the use of simulation in program instruction and offering training opportunities for clinical partner staff require increasing the simulation lab space and equipment, and addition of a faculty member to oversee this instructional activity. A previous plan for expansion of the lab space had to be abandoned due to multiple construction issues. The program has a university leadership approved new plan in place for future expansion of the physical lab space that will be completed by Fall 2014 and immediate addition of a lab coordinator faculty with the recruitment/selection/hiring process to be completed within the next 6 months.

Students express overall satisfaction with the program delivery and the significance of their role in program review and improvement forums. They have a strong sense of community within their student group, feel well supported by faculty and are confident in the strength of the curriculum. Recent program improvements implemented in response to student input include addition of student support staff, creation of a system to address student grievances within the nursing department, strengthened orientation programs, and assignment of each student to an individual advisor.

The self-study identifies program strengths that include connectedness with the community, strong fiscal support, competent faculty and program leadership, solid curriculum, established clinical partner relationships and positive program outcomes. These areas of strength were confirmed during the visit. Areas planned for improvement identified by the program include expansion of simulation space and faculty, addition of faculty for the graduate program, evaluation of the ELMN program, and strengthening of departmental processes including data capture. Curriculum is under review to determine revisions that may be necessary to reduce total units for graduation to 120 and to continue work with a regional consortium for seamless transition for BSN transfer and degree completion students.

ACTION: Continue Approval of California State University, Los Angeles, Baccalaureate Degree Nursing Program and Entry Level Master's in Nursing Program.

- **California State University, San Marcos, Baccalaureate Degree Nursing Program and Accelerated BSN Option (San Marcos and Temecula campuses)**

Dr. Denise Boren, Program Director.

On October 18-19, 2011, Leslie A. Moody, NEC and Miyo Minato, SNEC conducted a scheduled continuing approval visit. The program was found to be in compliance with all BRN regulations. Two recommendations were made to strengthen the program evaluation plan (CCR Section 1424(b)(1) and student clinical experiences (CCR Section 1427(c)(1)).

California State University, San Marcos school of nursing opened at the main San Marcos campus in August 2006 with admission of one generic cohort of 44 students and 2 LVN-BSN students, and additional cohorts were admitted in Spring 2007 and Fall 2007. In November 2007, the BRN approved an Accelerated BSN option (ABSN) and the first ABSN cohort was enrolled in Spring 2008. In 2008 a

satellite campus was opened in Temecula (approximately 35 miles from San Marcos) and an ABSN cohort was admitted to this location in Fall 2008. Currently one generic cohort (each Fall) and one accelerated cohort (each Spring) are admitted each year to the San Marcos campus, and two accelerated cohorts are admitted to the Temecula campus each year, one in Spring and one in Summer. Enrollment in all tracks at both sites as of this visit was approximately 174 students.

The program currently admits 4 VN to BSN students to the generic student cohort each Fall and hopes to increase this number in the future due to the need identified in the community. The program is also working on developing a partnership with Donovan Prison which has requested the program offer an online VN to BSN program cohort.

NCLEX-RN first time test taker pass rates are: 2008-09 95.35% (43); 2009-10 80.65% (93); 2010-11 90% (130). The dip in results for 2009-10 is attributed by the program director to a temporary trial lowering of the acceptable score for the ATI predictor exam. The passing minimum threshold was subsequently re-set to the previous level and there was a corresponding increase in NCLEX success for 2010-11. The program's graduates are well respected by the area's clinical facilities and the director reports almost 75% post-graduation employment within the first six months and 100% by the end of the first year per survey results and anecdotal information obtained by the program from graduates and their employers.

The program has implemented a BRN approved (October 2010) minor curriculum change in February 2011 that added a pharmacology course in the first program semester and increased the content of the existing Pathophysiology and Pharmacology of Nursing Practice course in response to the need for additional learning identified by both students and faculty. Pediatrics and obstetrics courses were re-sequenced to allow greater access to clinical facility placements. The program director and faculty are currently working on additional curriculum revision that will be presented for review and approval at the end of this calendar year.

In meetings with faculty it was found that they operated with strong teamwork and sense of ownership of the curriculum. Faculty cite strong collaborative leadership and collegiality among the faculty as traits that contribute to the program's success. The program currently has 14 full-time and 30-40 part-time faculty employed to deliver the curriculum and intends to add an additional 2 full-time faculty over the next two years. Meetings with students revealed they felt their input regarding the program delivery and curriculum was attended to and acted upon. The program's self-study cited strengths in the areas of previous and current program leadership, seasoned and creative faculty, faculty (full-time and part-time) committed to curriculum review, low attrition (<1%), strong active student participation in program improvement and in their student nursing associations, and excellent relationships with clinical and community partners. Areas needing improvement cited in the self-study were the need for more staff to allow additional attention to program data capture/analysis/action, and continuing to improve the distance learning methodologies and technology application. Plans are in place to create improvement in both areas.

NECs met with Dr. Don Chu, Dean, who is the college administrator for the nursing program. Dr. Chu expressed strong support for and pride in the nursing program, and commitment to ensuring the program continues to receive support to maintain the quality of instruction. The Dean described two alternative plans for either new construction or remodeling of a current building space to provide adequate space for

the program to expand in the future. The new housing for the program is tentatively planned to be completed in 2015 and will be at the main San Marcos campus.

Faculty of the program have embraced the use of simulation in the program. Simulation labs at both campuses utilize low, mid and high fidelity mannequins. Three faculty have achieved high levels of certification in the instructional use of the simulation technology. Simulation is found to be utilized in a thoughtful, well-informed and productive manner in the program's instructional delivery. Course faculty participate in simulation observation, role-playing in the scenarios and debriefing with the students following the simulation exercise.

The program offers international community health experiences to students as an optional elective opportunity and is working within the local community to establish similar service experience opportunities. Summer internships for students offer experiences that are highly valued by students who participate. CSUSM offers a well-constructed, prepared and conducted program of prelicensure nursing education.

ACTION: Continue Approval of California State University, San Marcos, Baccalaureate Degree Nursing Program and Accelerated BSN Option (San Marcos and Temecula campuses)

- **Allan Hancock College Associate Degree Nursing Program**
Program representative was unable to attend.

Daphne Boatright, BSN, MEd, RN, Professor, Associate Degree Nursing Program is the program director. A continuing approval visit was conducted at the Allan Hancock College (AHC) Associate Degree Nursing Program by Shelley Ward, NEC, Miyo Minato, SNEC and Gloria Middleton, NEC, on October 22 and 23, 2012. The program was found to be in non-compliance with the CCR Section 1426(a) – Required Curriculum. Three recommendations were given in the areas of CCR Section 1424 (a) - Philosophy and Objectives; CCR Section 1424 (b) (1) – Program Evaluation; and CCR Section 1426(a) – Curriculum. The program submitted a progress report responding to the area of non-compliance and to the recommendations.

The Allan Hancock Joint Community College District is a one-college district located on the central coast of California. The district includes the campus in Santa Maria where the ADN program is located, and centers in Lompoc, at Vandenberg Air Force Base and in the Santa Ynez Valley. The ADN program is BRN approved as an LVN-RN program. The first ADN class graduated in December 1990. All students that enter the program are either licensed LVN's or graduates of approved vocational nursing programs who are required to take the NCLEX-PN examination and receive their LVN license by the end of the first semester of the RN program. The ADN program is organized within the Health Sciences Department of the college. The department also includes the LVN, CNA, Dental Assistant, and Medical Assistant programs.

The ADN program is a one year two-semester program offered annually. Students begin the program upon completing pre-requisites courses and meeting admission requirements in January and conclude the program in December. Approximately 75% of students that graduate from the AHC LVN program in December also meet eligibility requirements to enter the ADN program. Other students that are admitted to the program come from a variety of backgrounds such as the military, clinic and long-term care settings. There were a total of (36) second semester students in the program at the time of the visit. Enrollments over the last few years have been between 36-40 students fluctuating in relationship to enrollment growth focused grants that support additional faculty and other program resources.

Some of the changes reported since the last BRN visit included: initiating a new merit based admission formula in 2009 that has additionally been modified for students entering in 2014; integration of high-fidelity simulation into clinical course rotations; inclusion of Assessment Technologies Institute (ATI) Comprehensive Assessment Review Program into coursework.

The program identified that there has not been a major curriculum revision since 2005 and that review, analysis and redesign is anticipated. Consultants reviewed concerns about the curriculum with the faculty, and with program administration regarding several areas including; the explicit linkages to LVN program elements, lack of specificity to the practice of registered nursing, changes in course hours and content that had not been approved, and leveling of content for prelicensure students. Consideration of utilizing a consultant to assist faculty is under consideration however, would need to be resourced through a grant funded initiative. The program continues with initiatives for articulating a seamless transition for ADN students to pursue a BSN degree at California State University Channel Islands.

Annual NCLEX Pass Rates For First Time Candidates: 2011-2012- 86.49%; 2010-2011- 84.85%; 2009-2010- 80.00%; 2008-2009- 80.00%.

ACTION: Continue Approval of Allan Hancock College Associate Degree Nursing Program.

- **College of the Sequoias Associate Degree Nursing Program.**

Karen Roberts, Program Director.

A continuing approval visit was conducted on November 13-15, 2012 by Kelly McHan, Nursing Education Consultant. The program was found to be in compliance with regulation and three recommendations were made related to Section CCR 1426(b) with reference to CCR 1443.5 and B & P Code Section 2725(b)(2) Medication Administration, CCR 1424(d) with reference to 1424(h) Faculty, and 1426 (b) with reference to 1424(d) Curriculum and Resources. The program provided written plan to address the recommendations.

The program's strengths include a cohesive faculty that is committed to student success. "Hospital Rock," a new Nursing and Allied Health building provides dedicated classroom, computer testing, and skills and simulation lab spaces, as well as the program's administration and private faculty offices. The program is highly valued in the community and enjoys traditional longstanding relationships with its clinical affiliates.

Like all public nursing programs that rely on state funding, the program is challenged by reductions in state revenue and community support through partnerships and grants. These combined forces stalled an expansion project, halted a major curriculum change, and necessitated a decrease in student enrollment into the program. Student enrollment reached a high of 100 admissions per year in 2009, which was decreased to 40 students enrolled per semester for academic year 2012-2013. Clinical placement of students has been impacted by new and expanded programs in the area.

The curriculum includes 67.5 total units for licensure, of which 21.5 units are theory and 22 units are clinical. Total units for graduation range from 78.5 to 80.5, depending on the student's P.E. requirement.

The Community College Chancellor's formula is used for admission into the program. Attrition rates have ranged from 2%-10% since for academic years 2004-5 to 2010-11, while the average for associate degree programs for academic year 2010-2011 is 18.7% statewide.

NCLEX pass rate: 2009-10 89.03%; 2010-11 90.14%; 2011-12 79.07%; 2012-13 Jul-Sep 89.29%.

ACTION: Continue Approval of College of the Sequoias Associate Degree Nursing Program.

• **Moorpark College Associate Degree Nursing Program**

Carol Higashida, MN, RN, CNS, Health Sciences Coordinator, Director of the Associate Degree Nursing Program.

A continuing approval visit was conducted at the Moorpark College Associate Degree Nursing Program by Shelley Ward, NEC and Miyo Minato, SNEC, on November 9&10, 2011. The program was found to be in compliance with Board rules and regulations. Two recommendations were given in the area of CCR Section 1424 (h)-Administration/Organization, Content Expert; and one recommendation in the area of CCR Section 1426 (f) – Required Curriculum. The program provided a progress report responding to the recommendations.

The college underwent reorganization in 2010, and the Health Sciences Department was moved to the Division of Student Learning that includes the Exotic Animal Training and Management Program, the High School at Moorpark College, and the Life Sciences Department. The nursing program moved into a new state-of-the-art Health Sciences Center to begin the Fall 2011 semester, expanding the space for the program.

College administration supported the approval and hiring of two new full-time tenure track nursing faculty positions, and one full-time non- tenure track nursing faculty position (grant funded) in 2010-2011. The program receives a variety of grants resulting in increased student enrollments, and for funding faculty and staff positions. Administration expressed their plans and commitment to support key grant funded positions with college resources as grant funding sources decline, as demonstrated by the transition of a grant funded clerical position into the general fund.

The nursing content in the curriculum is organized into (4) semester long courses, in which each semester course is divided into part one and part two theory/clinical components. Different lead faculty are responsible for each course part. Clinical labs in the medical-surgical content areas have combined student groups with 1st and 2nd semester students together as a group, and with 3rd and 4th semester student group combinations. Both students and faculty expressed the benefits to student learning in the clinical setting using this organization configuration.

The faculty has embraced incorporating technology into the curriculum. Core nursing courses were revised in 2007 to include online components, giving them a hybrid designation. Faculty use iPod Touch devices to podcast lectures. Clinical simulation using high-fidelity equipment, the introduction of the Nurse Squared electronic health record application, and the use of Turning Point clickers in the classroom have been implemented to augment instruction.

Program evaluation has identified attrition to be an area of concern and focus, especially in the first semester. The program has implemented changes to the admission criteria, established targeted remediation plans, and established a variety of student success strategies to address this area. Annual NCLEX first time candidate pass rates from 2002-2012 have consistently exceeded BRN requirements, ranging from 81.36% to 100% in 2011-2012.

The program has a vigorous student volunteer culture with students serving as peer mentors, Clinical Teacher Aids, through the nursing student association and outreach to the local community. Students are

also encouraged to continue their nursing education through collaborative efforts such as the ADN to BSN Fast Track with CSU Channel Islands.

ACTION: Continue Approval of Moorpark College Associate Degree Nursing Program.

- **Ohlone College Associate Degree Nursing Program.**

Rosalie Scofield, Program Director.

Ohlone College District is a single community college district serving the east bay. The program received initial BRN approval in 1972 and has earned unconditional accreditation by the National League for Nursing Accrediting Commission through 2018. The college is accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC/WASC).

Rosalie Scofield, MSN, RN, has served as director since March, 2011. Carrie Dameron, MSN, RN, is the assistant director.

A continuing approval visit was conducted on October 10-12, 2012 by Kelly McHan, NEC. The Report of Findings included no areas of non-compliance and four recommendations to strengthen the program were made: CCR 1424(d) with reference to CCR 1424(h) Faculty; CCR 1424(h) with reference to CCR 1420(f) and CCR 1425(f) Content Expert; CCR 1426.1 Preceptor Selection; and CCR 1427(c) Clinical Facilities. The program provided a written response to the findings.

The program enrolls 22 students each fall and spring semesters for a total enrollment of 88 students per year. Admission is highly impacted and selection of eligible students is based on a random lottery process. Licensed Vocational Nurses and Psychiatric Technicians may be admitted into the third semester as advanced placement students on a space-available basis following completion of prerequisites, required transition courses and validation of previously acquired knowledge and skills through written and skills testing.

The program's multiple strengths include a respected, cohesive faculty that maintains high standards for student performance; mutually supportive and stable clinical affiliations with multiple agencies; and, strong support from the college administration. Students express pride in their rigorous program and convey appreciation for the faculty's commitment and support both in and out of class time. The program enjoys an earned reputation for academic excellence and strong clinical performance in clinical affiliates and the community. The Newark Center for Health Sciences and Technology, a state-of-the-art satellite campus, houses the nursing program.

Due to the combined forces of budgetary restrictions imposed by the college in response to the significant reduction in state funding, the program has been unable to hire full time faculty to fill open positions in psych/mental health and pediatric nursing. There are currently three open FTEs. In order to meet the need, the program has re-assigned remaining faculty and utilized part-time faculty to cover these positions.

Attrition rates for the last 5 years have ranged from 6.7% in 2007 to 18% in 2011.

NCLEX pass rate: 2009-10 95.83%; 2010-11 96.61%; 2011-12 94.12%.

ACTION: Continue Approval of Ohlone College Associate Degree Nursing Program.

B. DEFER ACTION TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **American University of Health Sciences (AUHS) Baccalaureate Degree Nursing Program.**

Dr. Anita Bralock, Dean of SON.

AUHS was founded in 1994 and is a private Christian-based minority-serving university of higher education. AUHS is accredited by the Accrediting Council for Independent Colleges and Schools (ACICS) and also has institutional approval from the Bureau for Private Postsecondary and Vocational Education (BPPVE). It received initial Board approval in September 2006 to start their 3-year (12 quarters) BSN curriculum. In November 2011, the SON underwent initial CCNE Accreditation and received a favorable review in meeting the standards and is awaiting the decision by the organization. Other degree programs AUHS offers are Bachelor of Science in Pharmaceutical Science, Master's of Science in Clinical Research, and is working to start a Doctorate in Pharmacy Program in 2013.

The Board did a continuing approval in place of the scheduled interim visit in October 2009 after receiving a complaint from a student and a faculty. The school was found to be in compliance with Board rules and regulations and received continue approval at the March 2010 Board meeting. This continuing approval visit, conducted on February 22 – 23, 2012 by Shelley Ward and Miyo Minato, NECs, was the first regularly scheduled school visit since the initial approval. The program had one area of non-compliance in CCR 1431 NCLEX Pass Rate, and two recommendations were given in CCR section 1424(b)(1) Systematic Program Evaluation Plan and section 1430 Previous Education Credit.

Since the initial program approval, the SON has experienced changes in Dean/Director of SON. Dr. Bralock is the fourth director of the SON. Dr. Bralock was the dean that provided directions to prepare for CCNE accreditation and the BRN's approval visit. Dr. Bralock also received assistance and mentoring for the accreditation and approval visits from UCLA's Dr. Joyce Newman-Geiger. The meeting with faculty indicated faculty's support and their team effort in meeting the standards and regulatory requirements as the curriculum is developed and implemented. There is close relationship among the faculty. There are 16 faculty teaching at AUHS, consisting of seven full-time and nine part-time, for the student enrollment of 141 BSN students. The program has graduated 61 students since 2007, and Cohorts 6 – 10 are currently in the program. The program admits students in Fall and Spring quarters, with cohort size of 30 to 40 students. Increasing diversity in nursing is a mission of the University, and the student population reflects this effort. There is a large percentage of students. Approximately 25% of students are male, approximately 93% of students are minorities, and Asian ethnicity making up about 60% of students.

Students reported that the strength of the program was supportive faculty and the assistance available for their learning needs on campus. They described the three year curriculum and the individualized attention they received as attracting them to the program. Students attend committee meetings and give input into their learning experiences. Skills Lab was adequate with supplies and equipped with low to mid-fidelity simulators. The program has plans to increase the use of simulation, including possible partnering to use Charles Drew University's Simulation Lab, particularly for pediatric experience. At the time of the visit, there were adequate clinical placements for the number of students they enrolled into the program. However, with the current lab space and other factors, expanding beyond current number of admission (40 students per quarter) would be a concern. The program is planning a minor curriculum change to add preceptorship experience into the final semester of med-surg course to facilitate transition into RN role.

One area the program is working with is streamlining analyses of data being collected to better utilize the information for program improvement and to increase their graduate's NCLEX-RN pass rate. The program has submitted a progress report with strategies to address the drop in their pass rate. The most

recent quarterly report, July – September 2011 was 80% for first time takers. This trend will be monitored by the program.

ACTION: Defer Action to Continue Approval of American University of Health Sciences Baccalaureate Degree Nursing Program.

• **Los Angeles Southwest College (LASC) Associate Degree Nursing Program
Catherine Azubuike, Department Chair and Program Director.**

On October 29 and 31, 2012, Miyo Minato and Badrieh Caraway, NECs, conducted the regularly scheduled continuing approval visit at LASC. One area of non-compliance was found in CCR 1431 Licensing Exam Pass Rate Standard. One recommendation was given in CCR 1425(f) Content Expert.

LASC, located in the southern part of Los Angeles, was started in 1967 and has established itself as an educational and cultural hub of the communities in the area. Current enrollment exceeds 8,500 and the Nursing Program is a premier program on campus. Over the last five years, the College has undertaken an extensive building program that includes the building of the Allied Health Building, with the plan to expand the College's Health Occupations Program. Currently the Nursing Department is in a temporary building in the Academic Village since Summer 2010. The expected date of completion of the new Allied Health Building is Spring 2014. Due to the capacity limitation, the program admits 32 students each semester. Their enrollment number has not been filled due to students not meeting TEAS requirements. The total nursing student enrollment currently is 89. Resources reviewed were adequate for the number of students in the program. Staffing included a Lab Coordinator in the Skills/Sim Lab for open access to the lab available 40 hours/week. There is sharing of the space when a class is scheduled. The program has enjoyed several grants, including the grants from the Community College Chancellor's Office.

Since the last continuing approval visit, there have been major changes in the LASC Nursing program. There is a new Program Director, influx of faculty members new to teaching nursing, cohesive team working on curriculum development, and supportive administration. In 2011, the program held a curriculum development meeting with a QSEN consultant to help faculty incorporate QSEN concepts into their courses. With the additions of Human Simulators, the program has integrated simulation experience into the clinical courses. Course syllabi and clinical evaluation tool reflect these changes made. The program has not been successfully in implementing the preceptorship in their last Advanced Med-Surg course due to lack of available preceptors but plans to implement it in the future. Another future program plan includes obtaining NLNA-C Accreditation for their ADN Program.

One area that the program has emphasized is the success strategies with their students to improve student success with the ADN Program and with NCLEX testing. These strategies included "Boot Camp" that prepares entering students, advisement and Student Success Center that provides academic assistance, Faculty-led Workshops, Elective Tutorial courses. The First-Time NCLEX Pass Rate showed improvement from 2006-07, 73.3% and was above 75% during the past four years, ranging from 79.6% to 86.9%. However, most recent pass rate, 2011-2012 was 73.3%. The first quarterly NCLEX report for 2012-2013 (July-Sept 2012) showed a pass rate of 80% (8/10 passed). The program plans to review individual candidates and conduct thorough analysis to address this decreasing trend.

On November 30, 2012, the program submitted a progress report responding to the findings from the visit. NEC Recommendation to ELC: Defer action to continue approval. Progress Report due July 1, 2013.

ACTION: Defer Action to Continue Approval of Los Angeles Southwest College (LASC) Associate Degree Nursing Program

C. CONTINUE APPROVAL OF ADVANCED PRACTICE NURSING PROGRAM

- **Azusa Pacific University Nurse Practitioner Program (Azusa, San Diego and San Bernardino campuses)**

Dr. Bonita Huiskes, Program Director

Azusa Pacific University (APU) is a Christian based university located in Azusa California. The Nurse Practitioner Program (NPP) is offered on the main campus and at the APU San Diego and San Bernardino campuses. Carol Mackay and Badrieh Caraway, NECs, conducted a continuing approval visit at APU (main campus) on November 16, 2011. The APU NPP was found in compliance with all of the BRN regulations. There were no NPP recommendations.

The APU NPP prepares nurses for advanced practice in primary care in four specialty areas: Family Nurse Practitioner (FNP), Adult Nurse Practitioner (ANP), Pediatric Nurse Practitioner (PNP), and Psychiatric Mental Health Nurse Practitioner (PMHNP). Each NPP is offered within the MSN degree program at APU. The number of required NPP semester units varies by specialty: all of the specialty program unit requirements exceed the BRN minimum standard of 30 semester units. The ANP and PNP programs each requires 31 semester units; the FNP program requires 33 semester units; and the PMHNP program requires 39 semester units. Each specialty program also meets or exceeds the BRN required 12 semester units of clinical practice. Students completed a total of 12 semester units in clinical practice in the ANP, PNP, and PMHNP programs. Students in the FNP program complete a total of 13 semester units in clinical practice. At the time of the site visit, the total NPP student enrollment was 232 students. Student enrollment by specialty was: FNP (170), ANP (29), PNP (14) and PMHNP (19). Student enrollment by campus: Azusa (203), San Diego (23) and San Bernardino.

A total of 26 faculty members teach in the NPP: eleven full time faculty members and sixteen part time (adjunct) faculty members. All clinical faculty members are currently working as Nurse Practitioners or Clinical Nurse Specialists.

NPP strengths include a stable dedicated faculty and strong administrative leadership. The APU NPP is recognized both on the campus and in the local community for its excellence and quality of the graduates. The staff recommendation is for continued approval of the Azusa Pacific University Nurse Practitioner Program.

ACTION: Continue Approval of Azusa Pacific University Nurse Practitioner Program (Azusa, San Diego and San Bernardino campuses).

- **California State University, Long Beach, Nurse Practitioner Program**

Dr. Loucine Huckabay, Program Director.

Dr. Savitri Carlson is co-director of the NPP. Dr. Margaret Brady (Pediatric Nurse Practitioner) is consultant to the NPP. Carol Mackay and Shelley Ward, NECs and Miyo Minato SNEC conducted a continuing approval visit at CSULB on September 25-26, 2012. The NPP was found in compliance with all of the BRN regulations. Two recommendations were made related to: CCR Section 1484(d)(10) - Instruction in diagnostic and treatment procedures and CCR Section 1484(d)(11)-Preceptors.

The CSULB NPP prepares nurses for advanced practice in primary care in five specialty areas: Adult /Geriatric Nurse Practitioner (AGNP), Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP), Pediatric Nurse Practitioner (PNP), and Women's Health Nurse Practitioner

(WHNP). Each of these specialty options has a nationally certified NPP faculty coordinator overseeing the day-to-day for the option.

Each NP specialty option is offered in conjunction with the MSN degree program at CSULB. The number of required NPP semester units varies by specialty: all of the specialty option unit requirements exceed the BRN minimum standard of 30 semester units. The AGNP, FNP and PMHNP each require 32 semester units; WHNP requires 35 semester units; and PNP requires 38 semester units. Each specialty option also exceeds the BRN required 12 semester units of clinical practice. Students completed a total of 13 semester units in clinical practice in the AGNP, FNP, PMHNP, and WHNP options. Students in the PNP option complete a total of 16 semester units in clinical practice. At the time of the site visit, the total NPP student enrollment was 416 students. Student enrollment by specialty was: AGNP (67), FNP (220), PMHNP (46), PNP (42), and WHNP (41). A total of 18 faculty members teach in the NPP: ten full time faculty members and eight part time faculty members. All clinical faculty members are currently working as Nurse Practitioners.

During the site visit two problems were identified resulting in recommendations to the program. One of these was inconsistent instruction in performing diagnostic and treatment procedures in the clinical specialty courses. The second problem related to the Student Clinical Placement System. This system was implemented the previous academic year and there was confusion among both students and faculty regarding who was responsible for obtaining the student preceptors. Also, there was insufficient assigned staff time for implementing the Student Clinical Placement System. Subsequent to the visit the CSULB NPP has submitted a progress report to the Board responding to the two recommendations.

NPP strengths include a stable dedicated faculty. The CSULB NPP is recognized both on the campus and in the local community for its excellence and quality students. There is variety and richness of clinical experiences available to students, as well as a dedicated cadre of preceptors.

At this time, the staff recommendation is for continued approval of the CSULB NPP. A progress report on implementation of the Student Clinical Placement System is required.

ACTION: Continue Approval of California State University, Long Beach, Nurse Practitioner Program.

- **California State University, Los Angeles, Nurse Practitioner Program**

Dr. Cynthia B. Hughes, Director, School of Nursing.

Dr. Thomas Barkley, Jr. (Acute Care Nurse Practitioner) is the director of the California State University, Los Angeles (CSULA) Nurse Practitioner Program (NPP). Each of the four specialty options has a co-director, called an Option Coordinator, who is responsible for managing the specialty option. At the time of the visit, two Option Coordinators were on-leave. All of their duties were being performed by others in their absence.

Carol Mackay and Leslie Moody, NECs conducted a continuing approval visit at CSULA on November 6-8, 2012. The NPP was found in non-compliance with one of the BRN regulations: CCR Section 1484(d)(11)-Preceptors. There were no NPP recommendations.

The CSULA NPP prepares nurse practitioners to provide primary care in four specialty areas: Adult Primary Care Nurse Practitioner (ANP), Adult Acute Care Nurse Practitioner (ACNP), Family Nurse Practitioner (FNP) and Family Psychiatric Mental Health Nurse Practitioner (PMHNP). The Pediatric Nurse Practitioner option was suspended effective fall 2011 due to insufficient enrollment numbers. The

curriculum of the PMHNP option was recently revised to incorporate the FNP competencies. This revision is consistent with the new national standards.

Each NP specialty option is offered in conjunction with the MSN degree program at CSULA. The number of required NPP quarter units varies by specialty: all of the specialty units requirements exceed the BRN minimum standard of 45 quarter units. The ANP requires 50 quarter units; the ACNP requires 53 quarter units; the FNP requires 60 quarter units; and, the PMHNP requires 64 quarter units. Each specialty option each exceeds the BRN required 18 quarter units of clinical practice. Students complete 18 quarter units in the ACNP option. The ANP option consists of 19 quarter units. The FNP and PMHNP options each contain 22 quarter units. At the time of the site visit, the total NP student enrollment was 184 students. Student enrollment by specialty was: ANP (48), ACNP (65), FNP (61) and PMHNP (10). Many of the NP students in the FNP option are in CSULA's Entry Master's Program.

A total of 18 faculty members teach in the NPP: eight full time faculty members and ten part time faculty members. Three non-NP faculty members are teaching in the NP core and specialty courses: two physicians and one CNS. All three of these faculty members have the requisite education and clinical competence for their teaching assignment.

With respect to the area of non-compliance, the CSULA NPP considered obtaining preceptors a shared responsibility between students and faculty. In addition to students being required to find their own preceptors, other problems included student transporting written documents between the SON and the clinical site in order to facilitate the contract process and delays in starting preceptorships because of difficulties finding a preceptor and/ or securing a new contract. Subsequent to the visit the CSULA NPP has submitted a progress report to the Board with an acceptable plan and time line for correcting this area of non-compliance.

NPP strengths include the richness and high quality of the preceptor experiences. CSULA also has many graduates of their own program teaching in the NPP. The staff recommendation is for continued approval of the CSULA NPP. A Progress Report on implementation of the program's Student Clinical Placement system is due in twelve months.

- **ACTION: Continue Approval of California State University, Los Angeles, Nurse Practitioner Program.**

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.3
DATE: February 6, 2013

ACTION REQUESTED: United States University Entry Level Master's Degree Nursing Program Progress Report

REQUESTED BY: Michael Jackson, BSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Pilar DeLaCruz-Reyes, MSN, RN, has been the program director since August 2011, and Elisabeth Hamel, EdD, MSN, RN, is the assistant program director. The program director has advised that she plans to retire but will remain until a new director is hired and then will continue to provide consultant services. United States University (USU) has a candidate search underway and reports contact with several potentially qualified candidates. On July 30, 2012 the BRN received notification that Mr. Tim Cole was appointed as the new President/CEO.

Initial program approval was granted by the Board in June 2008 for admission of 20 students per year. The approved Entry Level Master's (ELM) Degree Program curriculum was designed to have prelicensure courses presented over three 16-week academic semesters, following which the students could take the NCLEX-RN exam and then continue enrollment for two additional full-time years to complete courses leading to an MSN degree and NP certification eligibility. The first cohort of 14 students was admitted August 1, 2008, with an additional 63 students admitted by 7/31/2010 and an additional 120 students admitted between 8/1/2010 and 5/9/2011. The final cohort of 18 students (cohort 7) completed prelicensure courses at the end of October 2012 so there are no longer any students enrolled in the prelicensure portion of the ELM program. There are some students enrolled at the University who are taking prerequisite courses in anticipation that admissions into the ELM program might resume in the future. Program leadership has assured the NEC that these students made the informed choice to enroll after being fully advised that it is possible there will not be an opportunity to enter the nursing program.

On May 8, 2011 Miyo Minato, SNEC and Leslie Moody, NEC conducted a focus visit to USU to investigate a report of program irregularities received from two Cohort II ELM program students. Areas of noncompliance were confirmed and further in-depth evaluation was required.

On June 8–9, 2011, a full continuing approval visit was conducted by BRN staff Louise Bailey, Miyo Minato and Leslie Moody. There were findings of 9 areas of noncompliance involving 14 sections, and 3 recommendations were given. All findings were reported to the Board at the June 15, 2011 meeting, and the Board placed United States University ELM program on warning status with intent to remove Board approval, prohibited admission of new students into the USU ELM nursing program, directed the university to take immediate corrective action to provide Cohort II students' pediatric clinical rotation, and required a progress report to the Board.

The program's progress reports were presented at the August and October 2011 meetings of the Education/Licensing Committee, and at the September and November 2011 meetings of the Board. The program had not achieved full compliance. At each of those meetings, the June 2011 actions of the Board were continued. A focus visit was conducted October 11, 2011 to evaluate new clinical facilities added by the program. At the November 2011 Board meeting, BRN staff was directed to conduct an on-site visit to the program to verify implementation of reported corrective actions and to identify any remaining areas of concern.

A program visit was conducted on November 30 – December 1, 2011 by Miyo Minato, SNEC and Leslie Moody, NEC. Findings of this visit were four areas of noncompliance involving eight related sections, and one recommendation. Visit findings were presented at the December 13, 2011 meeting of the Board. The Board continued previous actions of warning status and prohibition of admissions, and directed the program to correct areas of noncompliance to allow program completion for currently enrolled students.

The program submitted progress reports in January and March 2012. The BRN findings after receipt of the March progress report were four areas of noncompliance with sections 1424(h), 1426(a), 1427(b) and 1431. The program submitted a progress report in July 2012 with resulting BRN finding of one continuing area of noncompliance relative to NCLEX-RN examination pass rate.

A visit was conducted on August 15, 2012 which confirmed one remaining area of noncompliance in regards to NCLEX-RN examination pass rate. The visit findings were presented at the August 2012 Education/Licensing Committee meeting and the September 2012 BRN Board meeting. The Board determined that: the program should remain on warning status with intent to withdraw approval; the prohibition against additional program admissions would continue; the program's status would next be reviewed by the Board at the February 2013 meeting when NCLEX-RN outcomes data would be available for the second quarter of the 2012-13 period.

NCLEX outcomes to date for the program are:

2009-10 annual pass rate 62.5% (5 passed/8 taken)

2010-11 annual pass rate 71.43% (20/28)

2011-12 annual pass rate 68.97% (40/58)

2012-13: July-Sept 2013 quarterly pass rate 50% (9/18)

Oct-Dec 2013 quarterly pass rate 69.44% (25/36)

Year to date 01/01/-12/31/2012 NCLEX pass rate 63.53% (54/85)

The program has provided a progress report which is attached.

NEXT STEPS:

Notify the program of Board action.

FISCAL IMPACT, IF ANY:

None.

PERSON(S) TO CONTACT:

Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
(760) 369-3170



TO: BOARD OF REGISTERED NURSING

FR: PILAR DE LA CRUZ-REYES, MSN, RN
DEAN, SCHOOL OF NURSING

RE: UPDATE REPORT; 1/18/13

The Entry Level Master's program at United States University has made tremendous progress over the past 14 months. This progress is a result of a team of dedicated nursing faculty, administrators and students all working hard to make the program successful in order to continue to educate more nurses.

When the University's ELM program was put on warning status in June, 2011, there were 9 specific areas of non-compliance and an additional 5 areas needing correction for a total of 14. The school had 4 cohorts of students (4 – 7) at various stages of completion of the program. The students were concerned, confused and were not having their questions answered to their satisfaction. There were no full-time faculty in place; all the faculty were adjunct status, the program seemed to lack direction and the students were calling the Board of Registered Nurses with their complaints and questions.

In August, 2011 a new Director of Nursing was hired and brought on board in September, 2011. The new director was quickly able to begin to identify the problem areas and took immediate action to make corrections. Since one of the main issues perceived by students was a lack of communication from administration, a system of communication, the "1500 Newscast" was implemented even before the arrival of the new Director. This forum allowed the Director to communicate with students and faculty in written form on a twice weekly basis and keep the students and faculty informed of any changes. The students expressed great satisfaction with this format.

Accomplishments to Date:

Faculty

- 2 new full-time faculty were hired immediately for Women's Health and Pediatrics;
- All medical/surgical faculty were certified in geriatrics;
- A third full-time faculty was added for Medical/surgical/geri instruction
- Additional adjunct faculty with a variety of clinical expertise were added; some adjunct faculty who were not meeting the standards were not re-hired;
- Daily faculty meetings were implemented to review all the issues and begin to implement necessary changes;
- New content expert faculty were identified and utilized;
- Twice a year faculty retreats were implemented to further refine the ELM program and identify areas of focus;

- All faculty is BRN approved;
- A great “esprit de corps” amongst the faculty team was developed;
- Attendance by faculty at various educational conferences to update their teaching skills;

Curriculum/Skills lab/Clinical Placements

- Theory and clinical instruction was made to be concurrent;
- The PLOD skills (Prioritization, Leadership, Organization, and Delegation) were added to the curriculum as a threaded theme;
- The skills lab was enhanced with the addition of simulation via purchase of a SimMan, new IV pump, additional supplies and other equipment;
- 4 additional clinical sites were added for clinical placement of students;
- Clinical placements found for all students;
- Additional skills lab time was provided for students before the start of a clinical rotation to help them feel more comfortable on the first day of clinical;
- Remediation plans were put in place for students who were having trouble with a subject;
- New rules were put into place regarding attendance at theory classes;
- Skill lab sessions on various systems were implemented on a twice a month basis for student review;
- Open skills lab times were provided for students to practice their skills.

Communication

- A communication system, the “1500 Newscast” was implemented twice a week to provide the students and faculty in the ELM program with greater communication;
- Meetings were held with the new director and all of the students at regular intervals;
- Director made rounds at the various clinical facilities to evaluate student’s progress, observe faculty and meet nurse leaders at the facilities;
- Improved monitoring of student attendance in both theory & clinical instruction was implemented;
- A Paradigm committee was established that allowed students to participate in providing feedback on the program, changes/improvements /support needed. Students expressed appreciation of having this opportunity.
- Students were invited to all faculty meetings and provided input;
- An open door policy was established for the students with the director as well as the faculty;
- Faculty office hours were posted for the students;
- Positive feedback from service facilities regarding our student’s performance;
- Meetings with DONs and Nurse Educators at the various clinical facilities were held to seek feedback on student performance;

NCLEX

- NCLEX review classes were implemented for students on a weekly basis;
- A Kaplan 4 day NCLEX review course was provided for cohort 7 students and any other students from previous cohorts who wanted to attend;
- ATI offered NCLEX review sessions;
- Individual tutorials added for students who requested them;
- ATI met with faculty and students to help students and faculty have a better understanding of how to utilize the ATI resources;
- NCLEX tutorials were purchased and implemented in computer lab

- An incentive program was implemented that would encourage students to take the NCLEX within 90 days of completion of the pre-licensure portion of the ELM program.

Other

- Students participated in several community service events as part of the community health course;
- A student nurses chapter of the California Student Nurses Association was formed by the students as they began to take a more active leadership role;

Out of the 14 areas of non-compliance or needing correction from the June, 2011 BRN Site Visit report, all but one (NCLEX pass rate) have been corrected.

Resources

Currently we have No Pre-licensure ELM students enrolled at the University. ELM students (Cohorts 1 – 7) have completed the pre-licensure portion of the ELM program and many have taken the NCLEX and received their RN license.

Cohort	# of students	Passed NCLEX 1 st time	Did not pass on first try	Unknown status
4	12	10	2	0
5	42	25	9	8
6	37	22	4	11*
7	18	4 have taken it; 4 have passed		14*

*A few students had personal legality issues and have not yet been cleared to take the NCLEX

Faculty:

The ELM program currently has a Dean, Assistant Dean, 2.5 full-time faculty and 19.5 adjunct faculty as well as an Administrative Assistant. We have content experts for each of the five areas.

Clinical facilities:

FACILITY	CONTENT AREA (S)
Lakeside Special Care	Mental Health
Navy Balboa	Women's Health, Children's, Adults & Older Adults
Paradise Valley	Women's Health, Mental Health, & Leadership
Patton State	Mental Health & Leadership
Sharp (Memorial, Chula Vista, Mesa Vista, Birch Patrick, Coronado)	Older Adults ,Women's Health, Adults & Older Adults, Leadership, Mental Health, Foundations, Care of Critically Ill
Shriners	Children's
Together We Grow	Children's
Shea Family Care & Rehab	Leadership

Program Completions

The ELM program has had 7 cohorts complete the pre-licensure nursing program (175 students). About 60% of the students have found jobs.

29 students have matriculated into the Master's program. However, because the MSN/FNP and Masters programs have been emphasized as the expectations to cohorts 5, 6 & 7, more and more students are meeting with the educational advisors and returning to USU to continue their education and attain their Master's degree. Some students who have not been able to find a job have returned to school to obtain their degree.

Thus far, 25 MSN degrees have been awarded; 22 FNP and 3 in Education. Approximately 90% of the students who completed the MSN/FNP program have jobs. The three MSN/Education graduates all have a job.

NCLEX results

2009/2010	2010/2011	2011/2012
62.5%	71.43%	68.97%
2012-13: Cohort 7 - As of 1/17/2013, 4 students from cohort 7 have taken and passed the NCLEX.		

Moving Forward

Once United States University receives approval from the Board of Registered Nursing to admit a new cohort, we will admit 20 students into cohort 8. They will be required to sign an acknowledgement form indicating that they understand that they have entered an Entry Level Master's program and must continue with their education to complete the master's program.

After receiving feedback from faculty and students via staff meetings, paradigm committee and faculty retreats, we have made some changes for future cohorts:

Admission Process

- Increase the passing TEAS V score from 75% to 78% for future cohorts;
- Students will be asked to sign an acknowledgement form stating that they understand that they are entering an Entry Level Master's program and that they must continue with their education until they complete their Master's program.
- Applicant interviews by a panel of faculty and administrators;
- Non- US citizen students will not be considered for admissions;
- Careful consideration of admission of "flagged" students

Curriculum/Skills lab

- The PLOD skills (Prioritization, Leadership, Organization and Delegation) along with critical thinking application and safety will continue to be emphasized and threaded into the entire curriculum (both theory and clinical);
- The first day of clinical for each rotation will be in the skills lab using simulation and case scenarios to better prepare the students and help them feel more comfortable on their first day of clinical

- A change is being made from ATI to Kaplan and the material will be incorporated into the entire program;
- Review of curriculum by curriculum expert will be made;
- Additional simulation equipment and scenarios will be added to the skills lab;

NCLEX

- Implement the use of Kaplan testing at the end of each course;
- Continue with regular NCLEX review sessions on a monthly basis
- Incorporate the Kaplan program into the entire pre-licensure ELM program.

Faculty

- Addition of another med/surg faculty member;
- Cross training of single subject faculty to medical/surgical areas;
- Continue evaluation of student compliance;

Communication

- Continue the use of the “1500 Newscast” and Paradigm Committee;
- Continue with the Paradigm Committee
- Regular rounds by the Dean to meet with students
- Implementation of a suggestion box

New Director

The search for a new Dean of Nursing continues. Several candidates have been interviewed for the position. Two more have had a phone interview and plans are being made to take the next step with them. The current Dean remains on the job and will continue as a consultant for 6 months once a new Dean is hired as was committed to the BRN.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.4
DATE: February 6, 2013

ACTION REQUESTED: Incomplete New Prelicensure Program Applications

REQUESTED BY: Michael Jackson, BSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND: The California Code of Regulations, Section 1421(a)(4) regarding the Application for Approval of proposed new prelicensure programs requires that: *After acceptance of the feasibility study by the board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.* The requirement is also stated in Board document: *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-I-01 Rev 03/10).*

In the new program approval process, the Feasibility Study (FS) presents evidence of need for the new program and sufficiency of resources to support program success. The Self-Study (SS) provides detailed information and evidence of the program's operationalization in preparation for accepting students. A lengthy period of time elapsed between Board acceptance of the FS and completion of the SS phase can allow for significant change to the elements presented in the original Board approved FS. With multiple programs simultaneously progressing through the approval process often in the same geographic area, and existing programs sometimes expanding enrollment, the challenge of evaluating adequacy of resources for proposed new programs becomes difficult, particularly in regards to clinical placements. There are currently five programs with Board-accepted FSs that have not yet completed the SS step, three whose FS were approved in 2010 (4-D College, Heald College, Institute of Medical Education-San Jose Campus) and two approved in 2011 (Stanbridge College, Weimar College).

At the October 30, 2012 Education/Licensing Committee meeting, BRN staff requested direction from the Board regarding a process for enforcement of CCR Section 1421(a)(4) and were directed to develop a recommendation. Nursing Education Consultants (NEC) conferred to produce the following recommendation:

- When a proposed program is in the FS development phase, the NEC will advise that stating a projected 2-year time frame from anticipated Board acceptance of the Feasibility Study to first enrollment/admission of program students is recommended to allow ample time to secure all required program resources prior to opening. Programs will not be prohibited from opening earlier if all requirements are met and Board approval is granted.
- NECs will communicate that it is the responsibility of the institution proposing the program to produce an acceptable Self-Study.
- The proposed programs currently in the Self-Study phase will have until February 2015 Board meeting to complete the program application process by achieving Board approval. If those schools have not achieved Board approval by that time, they will be required to initiate a new application process.

- When more than one year has elapsed from the time of Board acceptance of the FS to acceptance of the Self-Study and/or admission of students, the program will provide information as requested by the NEC for re-evaluation and verification of continuing availability of adequate clinical placements and other required program resources.
- Proposed programs that have not submitted an acceptable Self-Study at least 6 months prior to the proposed date for enrollment of students (1421(a)(4)), as stated in the FS accepted by the Board, will be required to begin the new program application process at step one (submission of a Letter of Intent).

Education/Licensing Committee recommends enforcing CCR Section 1421(a)(4) as stated.

NEXT STEP: Nursing Education Consultants will enforce CCR Section 1421(a)(4) as directed by the Board.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant
(760) 369-3170

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.5
DATE: February 6, 2013

ACTION REQUESTED: Goals and Objectives 2013- 2015

REQUESTED BY: Michael Jackson, BSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Biennially committee goals and objectives are reviewed and revised as needed. The 2011-13 ELC Goals and Objectives have been reviewed and revised to produce the attached 2013-2015 recommendations. A summary of changes to Goals/Objectives is listed below:

- Goal 1: 1.1 Minor revision to language
- 1.2 Minor revision to language
- 1.3 Revised to add advanced practice curriculum monitor
- 1.4 Minor revision to language
- 1.6 Revised to add recommendation sources
- 1.7 New
- Goal 2: Goal statement expanded
- 2.4 Minor revision to language
- 2.5 New (Prior objective 2.5 deleted)
- 2.7 New
- 2.8 Moved from Goal 6 (6.6) to Goal 2 for relevance
- Goal 3: Goal statement expanded
- 3.1 Minor revision to language
- 3.7 Deleted
- Goal 4: Minor revision to language
- 4.1 Minor revision to language
- 4.2 Added advanced practice programs to statement
- 4.3 Minor revision to language
- 4.4 Combined 4.4 and prior 4.5
- Goal 5: 5.1 Minor revision to language
- Goal 6: 6.1 Minor revision to language; combined 6.1 and prior 6.4
- 6.4 (old 6.5) Minor revision to language
- 6.5 (old 6.7) no change

NEXT STEP: Make information available to the public.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
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**BOARD OF REGISTERED NURSING
EDUCATION/LICENSING COMMITTEE
2013-2015 GOALS AND OBJECTIVES**

GOAL 1

Ensure that programs of nursing education meet regulatory requirements and that the curriculum integrates content to address recent political, technical, economic, healthcare and nursing practice developments.

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine compliance with regulatory requirements and Board policy, and if they reflect current trends in healthcare and nursing practice.
- 1.2 Maintain BRN policy statements that reflect current statute, regulation and policy.
- 1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum, and that advanced practice education program curriculum additionally includes Article 7 Standardized Procedure Guidelines.
- 1.4 Maintain awareness of current political, technical, economic, healthcare and nursing practice trends through attending and participating in educational conferences, committees and other events within California and nationally, for development of regulation and policy.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
- 1.6 Monitor nursing program curriculum structure and content for application of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the Transformation of Nursing Education, the Quality and Safety Education for Nurses (QSEN) Competencies, The Essentials of Baccalaureate Education in Nursing, The Essentials of Master's Education in Nursing and other such works from established sources that present generally accepted standards.
- 1.7 Evaluate proposed new programs to ensure regulatory compliance and ability to secure necessary resources with timely program implementation adhering to the application process and timeline identified in regulations and policy.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 Support creative approaches to curriculum and instructional delivery, and strategic partnerships between nursing education programs, healthcare industry and the community, such as transition to practice and post-licensure residency programs, to prepare registered nurses to meet current nursing and community needs.
- 2.2 Review Nursing Practice Act regulations for congruence with current nursing education, practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will ensure the high quality of nursing education.

- 2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.
- 2.4 Evaluate the use of technology in teaching activities, such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences.
- 2.5 Encourage and support programs' development of articulation agreements and other practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.
- 2.6 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists to support implementation of the Health Care Reform Act of 2009.
- 2.7 Collaborate with the BRN Nursing Practice Committee to review, evaluate and recommend revision as needed of regulations pertinent to advanced practice nursing education.
- 2.8 Contribute to the NCSBN's Transition to Practice Study, ensuring a voice for California stakeholders.

GOAL 3

Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others, and are utilized in nursing program design.

- 3.1 Collaborate with the contracted provider retained to conduct the consolidated online annual school survey of the prelicensure nursing education programs in California, and publish survey results on the BRN Website.
- 3.2 Maintain and analyze systematic data sources related to prelicensure and advanced nursing education, including the use of simulation, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.
- 3.6 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice to evaluate the effectiveness of their nursing education programs in preparing graduates for practice.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice nursing education programs.

- 4.1 Conduct an annual orientation for new directors and an annual update for both new and continuing directors of prelicensure programs.
- 4.2 Maintain open communication and provide consultation and support services to prelicensure and advanced practice nursing programs in California.
- 4.3 Present BRN updates at COADN Directors' Meetings, annual CACN/ADN Meeting, and other venues as appropriate.
- 4.4 Conduct biennial meetings with advanced practice program directors to seek input, provide updates and foster discussions regarding current issues, regulatory reform and other topics

pertinent to advanced practice in California, such as the implications of the Health Care Reform Act of 2009.

GOAL 5

Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.

- 5.1 Review and consider for approval CE provider applications to ensure regulatory compliance.
- 5.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
- 5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

GOAL 6

Continue the assessment and review of the NCLEX-RN examination process, and maintain a collaborative relationship with the National Council of State Boards of Nursing.

- 6.1 Participate in periodic review of the NCLEX-RN examination process to ensure established security, test administration procedures and other testing standards are met.
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
- 6.3 Participate in NCSBN committees and conferences to maintain representation from California.
- 6.4 Monitor and report California and national NCLEX-RN first time pass rates of California candidates, including results for internationally educated candidates.
- 6.5 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as requested or appropriate.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.6
DATE: February 6, 2013

ACTION REQUESTED: 2011-2012 Annual School Survey Reports (Draft)

REQUESTED BY: Michael Jackson, BSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND: The BRN 2011-2012 Annual School Survey was conducted from October 2, 2012 to November 15, 2012. The survey was sent to all California pre-licensure nursing programs and was conducted on behalf of the BRN by the Research Center at the University of California, San Francisco. The draft of the Annual School Reports includes data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. There are two reports; one is a trend report which includes historical data for the past ten years on some of the more significant data and the second includes current year data from most all of the questions asked on the survey. The BRN received 100% participation from all of the nursing programs and we would like to thank all of the schools for their participation and prompt responses to the survey.

NEXT STEPS: Disseminate information about the findings to interested parties including posting the final reports when complete on the Boards website.

FISCAL IMPACT, IF ANY: None

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Research Program Specialist
(916) 574-7681

California Board of Registered Nursing

2011-2012 Annual School Report

Data Summary for Pre-Licensure Nursing Programs

January 23, 2013

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PREFACE

Nursing Education Survey Background

Development of the 2011-2012 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2011 through July 31, 2012. Demographic information and census data were requested for October 15, 2012.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the Education Issues Workgroup developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

DRAFT

DATA SUMMARY – Pre-Licensure Programs

Number of California Nursing Programs¹

- 61.2% of pre-licensure nursing programs in California are ADN programs.

Program Type	#	%
ADN	80	56.3%
LVN to ADN	7	4.9%
BSN	39	27.5%
ELM	16	11.3%
Total	142	100%

Newly Enrolled Nursing Students

Ethnic Distribution of Newly Enrolled Nursing Students²

- 60.1% of students who enrolled in a pre-licensure nursing program for the first time were ethnic minorities.
- ELM programs had the highest percentage of ethnic minorities (62.1%) as newly enrolled nursing students.

Race/Ethnicity	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Native American	0.8%	0.0%	0.3%	0.8%	0.6%
Asian	14.2%	14.1%	17.8%	24.8%	16.2%
Asian Indian	1.0%	9.5%	6.1%	0.1%	3.1%
Filipino	9.4%	8.0%	11.1%	3.5%	9.7%
Hawaiian/Pacific Islander	2.0%	2.3%	1.5%	2.3%	1.8%
African American	6.4%	3.0%	3.9%	12.1%	5.7%
Hispanic	20.7%	19.8%	16.2%	13.2%	18.5%
Multirace	2.2%	0.4%	3.8%	4.5%	2.9%
Other	2.4%	0.4%	0.8%	0.8%	1.6%
White	41.0%	42.6%	38.4%	37.9%	39.9%
Total	6,882	263	4,906	774	12,825
Ethnic Minorities*	59.0%	57.4%	61.6%	62.1%	60.1%
# Unknown/ unreported	258	8	539	47	852

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

¹ There are 132 schools in California that offer a prelicense nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=142) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2011-2012 survey, 132 nursing schools reported data for 142 prelicense programs at 160 different locations.

² The categories used to report the race/ethnicity of students were expanded in 2011-2012 to include more detail (both enrollment & completions data). As a result, race/ethnicity data reported in 2011-2012 may not be directly comparable with previous years.

Gender Distribution of Newly Enrolled Nursing Students

- 21.1% of students who enrolled in a pre-licensure program for the first time were male.
- ADN programs have an above average percentage of males among newly enrolled nursing students.

Gender	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Male	23.0%	15.8%	19.6%	16.3%	21.1%
Female	77.0%	84.2%	80.4%	83.7%	78.9%
Total	7,098	260	5,412	820	13,590
# Unknown/ unreported	42	11	33	1	87

Age Distribution of Newly Enrolled Nursing Students³

- 66.3% of students who enrolled in a pre-licensure nursing program were younger than 31 years of age when starting the program.

Age Group	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
17 – 20 years	2.8%	0.4%	14.2%	0.0%	7.0%
21 – 25 years	26.2%	22.5%	45.5%	31.9%	33.9%
26 – 30 years	27.2%	31.4%	20.9%	36.6%	25.4%
31 – 40 years	27.8%	31.7%	13.9%	23.3%	22.3%
41 – 50 years	12.5%	10.7%	4.7%	6.7%	9.1%
51 – 60 years	3.2%	3.0%	0.8%	1.5%	2.2%
61 years and older	0.3%	0.4%	0.0%	0.0%	0.2%
Total	7,076	271	5,072	818	13,237
# Unknown/ unreported	64	0	373	3	440

Newly Enrolled Students by Degree Type

- The majority (52.2%) of students who enrolled in a pre-licensure nursing program for the first time continue to be generic ADN students.

Program Type	% Enrollment
ADN	52.2%
LVN to ADN	2.0%
BSN	39.8%
ELM	6.0%
Total	13,677

³ The number of age categories used to report student data was expanded in the 2011-2012 survey. However, this should not affect comparisons with data from previous years.

Newly Enrolled Students by Program Track

- 74.2% of all newly enrolled nursing students are in the generic program track.
- 25.1% of BSN students are enrolled in an accelerated track.

Program Track	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Generic	80.8%	0.0%	65.5%	99.9%	74.2%
Advanced Placement	13.5%	97.8%	5.0%	0.0%	10.9%
Transfer	0.9%	5.0%	4.3%	0.1%	2.2%
30-Unit Option	0.3%	2.2%	0.0%	0.0%	0.2%
Accelerated	4.6%	0.0%	25.1%	0.0%	12.4%
Total	7,140	271	5,445	821	13,677

Qualified Applications Accepted and Not Accepted for Admission to California Nursing Programs

- 64.6% of the 38,665 qualified applications to pre-licensure nursing education programs received in 2011-2012 were *not* accepted for admission. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is presumably greater than the number of individuals applying for admission to nursing programs in California.
- ADN programs had the highest percentage of qualified applications *not* accepted for admission.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Qualified Applications*	23,494	419	12,387	2,365	38,665
% Accepted	30.4%	64.7%	44.0%	34.7%	35.4%
% Not Accepted	69.6%	35.3%	56.0%	65.3%	64.6%

*Since the data represent applications and not individual applicants, the number of applications is presumably greater than the number of individuals applying to nursing school.

Percentage of Nursing Student Admission Spaces Filled

- As in recent years pre-licensure nursing programs admitted more students in 2011-2012, overall, than the number of admission spaces that were available.
- 68 pre-licensure programs (47.9% of total) reported that they filled more admission spaces than were available.
- The most frequently reported reason for over enrolling was to account for attrition.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Spaces Filled	7,140	271	5,445	821	13,677
Spaces Available	6,272	278	4,995	846	12,391
% Spaced Filled	113.8%	97.5%	109.0%	97.0%	110.4%

Nursing Student Admission Spaces Supported by Donor Partners and Grants

- 14.5% of admission spaces (n=1,802) to pre-licensure nursing programs were supported by either donor partners or grants.
- In general, grant funding plays a bigger role in supporting admission space compared with donor support, particularly in ADN programs. In 2011-2012, 22.4% (n=1,403) of total admission spaces in generic ADN programs were supported by either donor partners or grants, but 81.6% of these 1,403 supported spaces were the result of grant funding.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Spaces Available	6,272	278	4,995	846	12,391
% Supported by Donor Partners	4.1%	0.0%	4.4%	0.0%	3.8%
% Supported by Grants	18.3%	19.1%	2.5%	0.4%	10.7%

Currently Enrolled Nursing Students*Nursing Student Census Data*

- On October 15, 2012, a total of 25,670 nursing students were enrolled in a California nursing program that leads to RN licensure.
- 47.2% of these nursing students were enrolled in a BSN program.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Total Nursing Students	11,638	222	12,128	1,682	25,670

Ethnic Distribution of Nursing Student Census Data[†]

- Overall, 60.7% of students enrolled in a pre-licensure nursing program as of October 15, 2012 represented an ethnic minority group.
- The share of ethnic minority nursing students was greatest at the BSN level (62.7% of all students enrolled in a BSN program).

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Race/Ethnicity	%	%	%	%	%
Native American	0.8%	0.0%	0.4%	0.5%	0.6%
Asian	14.4%	10.1%	17.9%	24.7%	16.6%
Asian Indian	0.7%	12.3%	5.1%	2.2%	2.9%
Filipino	9.0%	16.2%	12.7%	3.3%	10.4%
Hawaiian/Pacific Islander	1.5%	0.6%	2.5%	1.7%	1.9%
African American	6.1%	1.7%	3.5%	9.7%	5.1%
Hispanic	21.7%	15.1%	16.2%	12.7%	18.6%
Multirace	1.7%	0.6%	3.5%	4.9%	2.7%
Other	2.9%	0.0%	0.9%	1.2%	1.9%
White	41.1%	43.6%	37.3%	39.1%	39.2%
Total	11,286	179	10,780	1,556	23,801
Ethnic Minorities*	58.9%	56.4%	62.7%	60.9%	60.7%
# Unknown/ unreported	352	43	1,348	126	1,869

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

[†]These data were collected for the first time in 2011-2012.

Gender Distribution of Nursing Student Census Data[†]

- Men represented 19.3% of all students enrolled in a pre-licensure nursing program as of October 15, 2012.
- LVN to ADN, and ELM programs had a below average percentage of men among enrolled pre-licensure nursing students.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Gender	%	%	%	%	%
Male	19.8%	14.4%	19.5%	15.4%	19.3%
Female	80.2%	85.6%	80.5%	84.6%	80.7%
Total	11,632	222	11,973	1,677	25,504
# Unknown/ unreported	6	0	155	5	166

[†]These data were collected for the first time in 2011-2012.

Age Distribution of Nursing Student Census Data[†]

- 69.6% of students enrolled in a pre-licensure nursing program as of October 15, 2012 were younger than 31 years old.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Age Group	%	%	%	%	%
17 – 20 years	2.0%	0.0%	13.6%	0.0%	7.2%
21 – 25 years	28.0%	28.0%	50.9%	27.8%	38.5%
26 – 30 years	27.1%	24.8%	18.3%	40.3%	23.9%
31 – 40 years	28.1%	29.8%	12.1%	23.4%	20.4%
41 – 50 years	11.8%	12.8%	4.6%	7.5%	8.1%
51 – 60 years	2.8%	4.6%	0.8%	1.0%	1.8%
61 years and older	0.2%	0.0%	0.0%	0.2%	0.1%
Total	11,540	218	11,326	1,567	24,651
# Unknown/ unreported	98	4	802	115	1,019

[†]These data were collected for the first time in 2011-2012.

Students who Completed a Nursing Program

Ethnic Distribution of Students who Completed a Nursing Program in California

- Overall, 57.6% of students who completed a pre-licensure nursing program were ethnic minorities.
- LVN to ADN programs continue to have the greatest share of ethnic minorities (63.8%) among students who completed a nursing program.

Race/Ethnicity	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Native American	0.8%	0.0%	0.5%	0.6%	0.7%
Asian	13.5%	10.3%	21.1%	19.1%	16.4%
Asian Indian	1.3%	9.9%	3.1%	1.0%	2.1%
Filipino	9.4%	16.0%	11.0%	6.4%	9.9%
Hawaiian/Pacific Islander	1.8%	0.5%	1.2%	2.4%	1.6%
African American	6.5%	2.8%	4.0%	6.8%	5.6%
Hispanic	20.4%	20.7%	12.7%	17.2%	17.6%
Multirace	1.3%	2.3%	2.3%	2.6%	1.7%
Other	2.7%	1.4%	0.9%	2.0%	2.0%
White	42.3%	36.2%	43.1%	42.0%	42.4%
Total	5,701	213	3,430	717	10,061
Ethnic Minorities	57.7%	63.8%	56.9%	58.0%	57.6%
# Unknown/ unreported	233	15	466	39	753

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

Gender Distribution of Students who Completed a Nursing Program

- 17.0% of all students who completed a pre-licensure nursing program were male.
- A greater share of males completed ADN programs compared to other prelicensure programs.

Gender	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Male	17.5%	14.9%	16.4%	16.8%	17.0%
Female	82.5%	85.1%	83.6%	83.2%	83.0%
Total	5,932	228	3,886	756	10,802
# Unknown/ unreported	2	0	10	0	12

Age Distribution of Students who Completed a Nursing Program

- 62.6% of students who completed a pre-licensure nursing program in 2011-2012 were younger than 31 years of age when they completed the program.
- The largest share of students who were at least 41 years of age completed an LVN to ADN (16.3%), or an ADN program (16.2%).
- Approximately one-half (50.3) of the students who completed a BSN program were younger than 26 years of age, compared to 32.7% of students in all programs.

Age Group	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
17 – 20 years	0.8%	0.0%	2.4%	0.0%	1.3%
21 – 25 years	22.7%	22.1%	47.9%	19.9%	31.4%
26 – 30 years	28.9%	32.6%	27.8%	50.1%	29.9%
31 – 40 years	31.4%	28.9%	15.6%	21.0%	25.1%
41 – 50 years	13.4%	14.2%	4.8%	6.6%	10.0%
51 – 60 years	2.7%	2.1%	1.3%	2.3%	2.2%
61 years and older	0.1%	0.0%	0.2%	0.2%	0.1%
Total	5,811	190	3,636	663	10,300
# Unknown/ unreported	123	38	260	93	514

Student Completions by Degree Type

- ADN programs are the largest segment of pre-licensure nursing programs and ADN graduates represented 54.9% of all students who completed a pre-licensure nursing program in 2011-2012.

Program Type	% Enrollment
ADN	54.9%
LVN to ADN	2.1%
BSN	36.0%
ELM	7.0%
Total	10,814

Student Completions by Program Track

- 74.7% of nursing students completed nursing programs in the generic program track.
- BSN programs had the highest share of students (16.6%) complete the program in an accelerated track.
- ADN programs had the highest share of advanced placement and readmitted students.

Program Track	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Generic	74.6%	0.0%	74.2%	99.7%	74.7%
Advanced Placement	13.9%	97.4%	4.2%	0.0%	11.2%
Transfer	0.7%	0.0%	4.4%	0.0%	2.0%
30-Unit Option	0.5%	0.4%	0.0%	0.0%	0.3%
Readmitted	6.0%	2.2%	0.6%	0.3%	3.6%
Accelerated	4.1%	0.0%	16.6%	0.0%	8.2%
Total	5,934	228	3,896	756	10,814

Completion, Retention and Attrition Data

- The overall attrition rate for pre-licensure nursing education programs in California was 14.5% in 2011-2012.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Students Scheduled to Complete the Program	5,748	259	2,822	766	9,595
Completed On-time	4,269	226	2,394	681	7,570
Still Enrolled	437	10	155	29	631
Dropped Out	1,042	23	273	56	1,394
Completed Late	291	18	117	9	435
Retention Rate*	74.3%	87.3%	84.8%	88.9%	78.9%
Attrition Rate	18.1%	8.9%	9.7%	7.3%	14.5%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

**Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

- The attrition rate for accelerated tracks within nursing programs was 4.1% in 2011-2012.
- Accelerated ADN programs had a comparatively low attrition rate at 2.2%.

	Program Type [†]		
	ADN	BSN	Total
Students Scheduled to Complete the Program	270	1,011	1,281
Completed On-time	247	909	1,156
Still Enrolled	17	55	72
Dropped Out	6	47	53
Completed Late	14	58	72
Retention Rate*	91.5%	89.9%	90.2%
Attrition Rate	2.2%	4.6%	4.1%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

**Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

[†]LVN to ADN and ELM programs are excluded because (1) none of these programs reported attrition data for the accelerated track and (2) they are considered accelerated by definition.

Employment of Recent Nursing Program Graduates⁴

- On average, 60.2% of recent RN graduates employed in nursing in October 2012 were working in hospitals.
- Graduates of LVN to ADN programs were the least likely to work in hospitals (48.6%), while graduates of BSN programs were the most likely (72.3%).
- State-wide, 17.5% of nursing students were unable to find employment by October 2012, with ADN programs reporting the highest share of recent graduates (21.7%) unable to find employment.
- Nursing schools reported that 69.5% of their recent RN graduates employed in nursing, were employed in California.

Employment Location					
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Hospital	53.5%	48.6%	72.3%	64.3%	60.2%
Long-term care facility	10.4%	13.3%	5.4%	2.1%	8.0%
Community/Public Health Facility	3.4%	3.8%	3.8%	3.4%	3.6%
Other Healthcare Facility	5.9%	13.5%	3.1%	3.2%	5.1%
Other setting	3.9%	13.7%	2.9%	5.9%	4.2%
Unable to find employment	21.7%	7.1%	12.5%	12.3%	17.5%

⁴ Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2011-2012, on average, the employment setting was unknown for 21% of recent graduates.

Faculty Data

Analysis of faculty data by degree type is not available because the faculty data are reported by school, not by degree type.

Full-time and Part-time Faculty Data

- On October 15, 2012, there were 4,119 nursing faculty⁵. The majority are part-time faculty (63.9%, n=2,631).
- The faculty vacancy rate in pre-licensure nursing programs is 7.9% (355 vacant positions).

	# of Faculty	# of Vacancies	Vacancy Rate
Total Faculty	4,119	355	7.9%
Full-time Faculty	1,488	160	9.7%
Part-time Faculty	2,631	195	6.9%

- Nearly all full-time and most part-time faculty are budgeted positions funded by the school's general fund. However, a greater share of part-time faculty is paid with external funding.

Funding of Faculty Positions*	% Full-time Faculty	% Part-time Faculty
Budgeted positions	96.6%	85.5%
100% external funding	2.1%	12.4%
Combination of the above	1.3%	2.1%
Total Faculty	1,488	2,631

- The majority of full-time faculty (77.6%) teach both clinical and didactic courses, while the majority of part-time faculty (82.3%) teach clinical courses only.

Teaching Assignment	% Full-time Faculty	% Part-time Faculty
Clinical courses only	10.1%	82.3%
Didactic courses only	12.3%	6.5%
Clinical & didactic courses	77.6%	11.1%
Total Faculty	1,488	2,631

⁵ Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools in the region.

Faculty for Next Year

- 47.3% of schools reported that their externally funded positions will continue to be funded for the 2012-2013 academic year.
- 123 schools reported that they have budgeted for 387 new faculty positions in the 2012-2013 academic year.

External Funding for Faculty Next Year	% Schools
Will continue	47.3%
Will not continue	2.3%
Unknown	13.2%
Not applicable	37.2%
Number of schools reporting	129

Faculty Demographic Data⁶

- Nursing faculty remain predominately white (64.8%) and female (90.2%).

Race/Ethnicity	% Faculty
Native American	0.4%
Asian	5.8%
Asian Indian	0.7%
Filipino	7.7%
Hawaiian/Pacific Islander	0.7%
African American	8.7%
Hispanic	8.5%
Multirace	1.3%
Other	1.2%
White	64.8%
Number of faculty	3,791
Ethnic Minorities*	35.2%
Unknown/unreported	328

Gender	% Faculty
Men	9.8%
Women	90.2%
Number of faculty	4,009
Unknown/unreported	110

*Ethnic minorities include all reported non-White racial and ethnic groups, including "Other" and "Multirace".

⁶ The race/ethnicity and age group categories used to report faculty data were expanded in 2011-2012 to include more detail. As a result, data reported in 2011-2012 may not be directly comparable with previous years.

- More than one-third (34.3%) of all faculty are older than 55 years of age.

Age Group	% Faculty
30 years or younger	4.6%
31 – 40 years	18.0%
41 – 50 years	24.5%
51 – 55 years	18.5%
56 – 60 years	17.6%
61 – 65 years	11.3%
66 – 70 years	3.6%
71 years and older	1.8%
Number of faculty	3,594
Unknown/unreported	525

Education

- On October 15, 2012, almost all full-time faculty (95.1%) held a master's or doctoral degree, while only 61.3% of part-time faculty held either of those degrees.
- 9.2% of all active faculty (n=379) were reported as pursuing an advanced degree as of October 15, 2012.

Highest Degree Held	% Full-time Faculty	% Part-time Faculty
Associate degree in nursing (ADN)	1.2%	6.7%
Baccalaureate degree in nursing (BSN)	3.5%	31.0%
Non-nursing baccalaureate	0.1%	1.0%
Masters degree in nursing (MSN)	64.6%	51.7%
Non-nursing masters	3.1%	2.8%
PhD in nursing	14.5%	2.4%
Doctorate of Nursing Practice (DNP)	4.5%	1.3%
Other doctorate in nursing	2.0%	0.3%
Non-nursing doctorate	6.4%	2.8%
Number of faculty	1,474	2,542
Unknown/unreported	14	89

Methods Used to Prepare Part-time Faculty to Teach

- Faculty orientations and program policies were the most frequently reported methods used to prepare part-time faculty to teach.
- Specific orientation programs and mentoring programs were also frequently reported methods.

Methods	% Schools
Faculty orientation	92.2%
Program policies	82.9%
Specific orientation program	78.3%
Mentoring program	76.0%
Administrative policies	70.5%
Curriculum review	64.3%
Teaching strategies	62.0%
External training program	12.4%
Other	10.1%
None	1.6%
Number of schools that reported	129

Faculty Attrition

- 129 schools reported a total of 148 full-time and 188 part-time faculty members as having retired or left the program in 2011-2012.
- Programs reported an additional 138 faculty members are expected to retire or leave the school in 2012-2013.
- The most frequently cited reason for having a faculty member leave the program in 2011-2012 was retirement.

Reason for Faculty Leaving	% Schools
Retirement	54.3%
Resigned	33.3%
Career advancement	21.0%
Termination (or requested resignation)	18.5%
Relocation of spouse or other family obligation	13.6%
Return to clinical practice	12.3%
Salary/Benefits	7.4%
Workload	4.9%
Layoffs (for budgetary reasons)	1.2%
Unknown	8.6%
Number of schools that reported	81
Number of schools that gave no reason	19

Faculty Hiring

- 102 schools reported hiring a total of 668 faculty members (150 full-time and 518 part-time) between August 1, 2011 and July 31, 2012.
- 36.4% (n=243) of these newly hired faculty had less than one year of teaching experience before they took the faculty position.
- The majority of schools (72%) that hired a faculty person in the last year reported that their newly hired faculty had prior experience as a nurse educator in a clinical setting, and 71% had experience teaching at another nursing school.
- 37% of schools that hired a new faculty member last year reported that the new hire had no previous teaching experience.
- 34 schools reported they were under a hiring freeze for active faculty at some point between August 1, 2011 and July 31, 2012, and 70.6% (n=24) of these schools reported that the hiring freeze prevented them from hiring all the faculty they needed during the academic year.

Characteristics of Newly Hired Faculty	% Schools
Experience teaching as a nurse educator in a clinical setting	72.0%
Experience teaching at another nursing school	71.0%
Completed a graduate degree program in last two years	55.0%
Experience student teaching while in graduate school	40.0%
No teaching experience	37.0%
Experience teaching in a setting outside of nursing	27.0%
Number of schools that hired faculty	102

- The most frequently reported reason for hiring faculty was to replace faculty that had retired or left the program (79%).
- Less than one-quarter (21%) of the schools that hired faculty reported that the hiring was due to program expansion.

Reasons for Hiring Faculty	% Schools
To replace faculty that retired or left the program	79.0%
Due to program expansion	21.0%
To fill longstanding faculty vacancies (positions vacant for more than one year)	31.0%
To reduce faculty workload	23.0%
Number of schools that hired faculty	102

Barriers to Recruiting Faculty

- An insufficient number of faculty applicants with the required credentials and non-competitive salaries were the most frequently reported barriers to faculty recruitment.
- Approximately 30% of schools reported that the workload responsibilities of being faculty were a barrier to recruitment.
- Only 16% of schools felt that an overall RN shortage was a barrier to recruiting faculty.

Barriers to Recruiting Faculty	% Schools
Insufficient number of faculty applicants with required credentials	73.4%
Non-competitive salaries	71.0%
Workload (not wanting faculty responsibilities)	29.8%
BRN rules and regulations	21.0%
Overall shortage of RNs	16.1%
Private, state university or community college laws, rules or policies	15.3%
Other	12.9%
No barriers	7.3%
Number of schools that reported	124

Difficult to Hire Clinical Areas

- Approaching one-half of schools reported finding it difficult to recruit new faculty to fill positions in Pediatrics (46.4%) and Psych/Mental Health (44.0%).
- 19% of schools reported they had no difficulty recruiting faculty for any clinical specialty area.

Clinical Areas	% Schools
Pediatrics	46.4%
Psych/Mental Health	44.0%
Obstetrics/Gynecology	35.2%
Medical-surgical	28.8%
Critical Care	10.4%
Geriatrics	8.8%
Community Health	4.0%
Other	4.0%
No clinical areas	19.2%
Number of schools that reported	125

Faculty Salaries

- On average, full-time faculty with doctoral degrees earn more than those with master's degrees.

Lowest Salary Paid for Full-Time Faculty by Degree Type						
Highest Degree Held by Faculty Member	\$/ Academic Year			\$/ Calendar Year		
	Low	Average	High	Low	Average	High
Master's Degree	\$42,000	\$61,728	\$95,899	\$30,000	\$72,097	\$106,000
Doctoral Degree	\$47,000	\$76,520	\$108,607	\$40,000	\$78,142	\$156,206

Highest Salary Paid for Full-Time Faculty by Degree Type						
Highest Degree Held by Faculty Member	\$/ Academic Year			\$/ Calendar Year		
	Low	Average	High	Low	Average	High
Master's Degree	\$51,000	\$85,994	\$133,000	\$40,000	\$89,803	\$130,000
Doctoral Degree	\$63,000	\$98,138	\$143,535	\$50,000	\$109,420	\$189,010

Nursing Program Data

Program Offerings

- Overall, most nursing programs (90.4%, n=123) offered a traditional nursing program in 2011-2012
- Accelerated and extended education programs were the most commonly reported non-traditional programs offered at nursing schools.
- None of the programs that reported an accelerated track offer it via distance education.

Program Offerings	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Traditional Program	98.7%	85.7%	83.3%	64.3%	90.4%
Accelerated Track	2.5%	0.0%	36.1%	57.1%	16.9%
Extended Campus	7.6%	0.0%	11.1%	7.1%	8.1%
Evening Program	5.1%	0.0%	2.8%	0.0%	3.7%
Weekend Program	5.1%	0.0%	2.8%	0.0%	3.7%
Distance Education	2.5%	0.0%	5.6%	0.0%	2.9%
Contract Education	2.5%	0.0%	0.0%	0.0%	1.5%
Collaborative/Shared Education	1.3%	14.3%	0.0%	0.0%	1.5%
Part-time Program	0.0%	0.0%	0.0%	0.0%	0.0%
Other	2.5%	14.3%	2.8%	7.1%	3.7%
Number of programs that reported	79	7	36	14	136

Frequency of Student Admission

- Although most nursing programs admit students twice per year, LVN to ADN and ELM programs typically admit students once per year.

Frequency of Student Admission	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Once per year	30.4%	71.4%	40.5%	62.5%	38.8%
Twice per year	64.6%	0.0%	35.1%	25.0%	48.9%
Three times per year	5.1%	28.6%	5.4%	6.3%	6.5%
Other	0.0%	0.0%	18.9%	6.3%	5.8%
Number of programs that reported	79	7	37	16	139

Admission Criteria

- Overall, completion of prerequisite courses, minimum/cumulative grade point average (GPA), and minimum grade level in prerequisite courses were the most common criteria used to determine if an applicant was qualified for admission to the nursing program.
- Score on a pre-enrollment exam was also an important criterion for ADN, LVN to ADN, and BSN programs.
- A significant share of BSN and ELM program wrote-in admission criteria not listed as choices on the survey: the most frequently reported included letters of recommendation, a personal interview, and second language fluency.

Admission Criteria	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Completion of prerequisite courses	85.0%	100.0%	78.4%	87.5%	84.3%
Minimum/Cumulative GPA	73.8%	100.0%	91.9%	100.0%	82.9%
Minimum grade level in prerequisite courses	58.8%	100.0%	83.8%	87.5%	70.7%
Score on pre-enrollment exam	65.0%	85.7%	67.6%	43.8%	64.3%
Repetition of prerequisite science courses	48.8%	57.1%	43.2%	25.0%	45.0%
Validated prerequisites	65.0%	57.1%	0.0%	0.0%	40.0%
Health-related work/volunteer experience	25.0%	28.6%	48.6%	56.3%	35.0%
Recent completion of prerequisite courses	22.5%	57.1%	29.7%	37.5%	27.9%
Personal statement	5.0%	14.3%	32.4%	68.8%	20.0%
Community Colleges' Nursing Prerequisite Validation Study Composite Score	32.5%	14.3%	0.0%	0.0%	19.3%
Criteria as defined in California Assembly Bill 1559	23.8%	0.0%	0.0%	0.0%	13.6%
Geographic location	2.5%	0.0%	27.0%	12.5%	10.0%
Other	12.5%	28.6%	43.2%	62.5%	27.1%
None	0.0%	0.0%	2.9%	0.0%	0.0%
Number of programs that reported	80	7	37	16	140

Selection Process for Qualified Applications

- Overall, ranking by specific criteria was the most common method for selecting students for admission to nursing programs.
- In generic ADN programs, random selection was nearly as common a method of selecting students for admission.
- ELM programs frequently reported using the interview as a selection criterion, and ELM programs were more likely than other programs to consider an applicant's goal statement.

Selection Criteria	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Ranking by specific criteria	45.0%	57.1%	83.3%	93.8%	61.2%
Random selection	43.8%	28.6%	0.0%	0.0%	26.6%
Interviews	5.0%	14.3%	22.2%	68.8%	17.3%
First come, first served from the waiting list	17.5%	14.3%	2.8%	0.0%	11.5%
Goal statement	1.3%	0.0%	19.4%	50.0%	11.5%
Modified random selection	10.0%	28.6%	0.0%	0.0%	7.2%
Rolling admissions (based on application date for the quarter/semester)	6.3%	0.0%	11.1%	0.0%	6.5%
Other	7.5%	14.3%	16.7%	18.8%	11.5%
Number of programs that reported	80	7	36	16	139

Waiting List

- 6,298 applicants⁷ to pre-licensure nursing programs were placed on a waiting list in 2011-2012.

Waiting Lists	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Qualified applicants on a waiting list	6,159	72	32	35	6,298
Average number of quarters/semesters to enroll after being placed on the waiting list	4.0	*	*	*	4.0

*No data were reported.

⁷ Since applicants can apply to multiple nursing programs within the same application cycle, some applicants may be placed on multiple waiting lists. Therefore, the number of applicants on waiting lists may not represent an equal number of individuals.

Capacity of Program Expansion

- Overall, nursing programs expect their new student enrollment to decline slightly over the next two years.
- BSN programs reported an expectation that new student enrollment remain consistent.
- While LVN to ADN programs expect a small increase in new student enrollment over the next two years.

Current and Projected New Student Enrollment	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
2011-2012 new student enrollment	7,140	271	5,445	821	13,677
Expected new student enrollment given <u>current</u> resources					
2012-2013	6,608	308	5,297	735	12,948
2013-2014	6,564	298	5,591	744	12,601

Barriers to Program Expansion

- The principal barrier to program expansion for all program types remains an insufficient number of clinical sites (reported by 80.6% of all programs).
- Non-competitive faculty salaries was also a frequently reported barrier to expansion.
- Insufficient number of physical facilities for classroom space was reported by nearly half of all BSN and ELM programs.
- Of the 139 programs that responded, all reported at least one barrier to expansion.

Barriers to Program Expansion	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Insufficient number of clinical sites	76.9%	85.7%	84.6%	86.7%	80.6%
Faculty salaries not competitive	55.1%	28.6%	46.2%	40.0%	49.6%
Insufficient funding for faculty salaries	60.3%	28.6%	30.8%	26.7%	46.8%
Insufficient number of qualified classroom faculty	48.7%	14.3%	35.9%	26.7%	41.0%
Insufficient number of qualified clinical faculty	46.2%	14.3%	33.3%	33.3%	39.6%
Insufficient funding for program support (e.g. clerical, travel, supplies, equipment)	39.7%	28.6%	23.1%	13.3%	31.7%
Insufficient number of physical facilities and space for classrooms	17.9%	0.0%	46.2%	46.7%	28.1%
Insufficient number of physical facilities and space for skills labs	17.9%	14.3%	30.8%	40.0%	23.7%
Insufficient financial support for students	15.4%	42.9%	20.5%	40.0%	20.9%
Insufficient number of allocated spaces for the nursing program	21.8%	14.3%	20.5%	6.7%	19.4%
Insufficient support for nursing school by college or university	14.1%	14.3%	5.1%	6.7%	10.8%
Other	9.0%	0.0%	7.7%	0.0%	7.2%
No barriers to program expansion	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	78	7	39	15	139

Program Expansion Strategies

- Programs that indicated a lack of clinical sites as a barrier to program expansion most frequently reported the use of human patient simulators, evening, weekend and twelve-hour shifts, and community-based/ambulatory care centers, as strategies to address an insufficient number of clinical sites.
- The use of innovative skills lab experiences was a strategy frequently reported by LVN to ADN, BSN and ELM programs.
- The use of regional computerized clinical placement systems and the use of non-traditional sites were strategies frequently reported by LVN to ADN programs.

Program Expansion Strategies	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Human patient simulators	76.7%	83.3%	72.7%	61.5%	74.1%
Evening shifts	75.0%	83.3%	78.8%	53.8%	74.1%
Weekend shifts	65.0%	83.3%	75.8%	92.3%	72.3%
Community-based /ambulatory care (e.g. homeless shelters, nurse managed clinics, community health centers)	61.7%	66.7%	81.8%	76.9%	69.6%
Twelve-hour shifts	61.7%	50.0%	63.6%	76.9%	63.4%
Innovative skills lab experiences	46.7%	66.7%	60.6%	61.5%	53.6%
Preceptorships	43.3%	33.3%	57.6%	46.2%	47.3%
Regional computerized clinical placement system	40.0%	66.7%	51.5%	53.8%	46.4%
Night shifts	21.7%	16.7%	36.4%	38.5%	27.7%
Non-traditional clinical sites (e.g. correctional facilities)	15.0%	66.7%	30.3%	15.4%	22.3%
Other	3.3%	0.0%	6.1%	7.7%	4.5%
None	0.0%	0.0%	0.0%	0.0%	0.0%
Number of programs that reported	60	6	33	13	112

Denial of Clinical Space and Access to Alternative Clinical Sites

- In 2011-2012, a total of 85 programs reported that they were denied access to a clinical placement, unit, or shift.
- Nearly half of California's RN programs reported being denied access to clinical placements and units (46%, n=65) in 2011-2012, while approximately one-quarter (27%, n=37) were denied access to a clinical shift.
- Only one-third (32%) of the programs denied access to clinical placements, and slightly less than one-half (45%) of the programs denied access to a clinical unit were offered an alternative by the clinical site. However, a large majority of programs that were denied access to clinical shifts were offered an alternative (84%).
- The lack of access to clinical space resulted in a loss of 266 clinical placements, 131 units and 54 shifts, which affected 1,006 students.

Denied Clinical Space	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
Programs Denied Clinical Placement	35	3	20	7	65
Programs Offered Alternative by Site	10	0	8	3	21
Placements Lost	109	5	143	9	266
Number of programs that reported	80	7	39	14	140
Programs Denied Clinical Unit	36	1	22	6	65
Programs Offered Alternative by Site	15	1	10	3	29
Units Lost	61	1	57	12	131
Number of programs that reported	80	7	39	14	140
Programs Denied Clinical Shift	20	2	11	4	37
Programs Offered Alternative by Site	18	2	8	3	31
Shifts Lost	25	0	26	3	54
Number of programs that reported	80	7	39	14	140
Total number of students affected	1,006	*	*	*	1,006

*No data were reported

- Programs most frequently reported lost placement sites in Medical/Surgical clinical areas.
- 70% of the programs that wrote-in a response of "other" reported lost preceptorships.

Clinical Area That Lost Placements, Shifts or Units	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Medical/Surgical	71.4%	66.7%	72.0%	75.0%	71.8%
Pediatrics	32.7%	66.7%	44.0%	37.5%	37.6%
Psychiatry/Mental Health	30.6%	0.0%	28.0%	25.0%	28.2%
Obstetrics	24.5%	66.7%	20.0%	25.0%	24.7%
Critical Care	18.4%	0.0%	40.0%	0.0%	22.4%
Geriatrics	16.3%	0.0%	16.0%	12.5%	15.3%
Community Health	2.0%	33.3%	16.0%	0.0%	7.1%
Other	14.3%	0.0%	4.0%	12.5%	10.6%
Number of programs that reported	49	3	25	8	85

- Overall, competition for space arising from an increase in the number of nursing students was the most frequently reported reason why programs were denied clinical space
- The majority of LVN to ADN, BSN, and ELM programs reported that staff nurse overload/insufficient qualified staff was limiting their ability to secure clinical space.
- Being displaced by another program was reported more frequently by ADN programs compared to other programs.

Reasons for Clinical Space Being Unavailable	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Competition for clinical space due to increase in number of nursing students in region	57.1%	0.0%	68.0%	62.5%	58.8%
Staff nurse overload or insufficient qualified staff	46.9%	66.7%	64.0%	62.5%	54.1%
Displaced by another program	53.1%	33.3%	36.0%	25.0%	44.7%
Decrease in patient census	26.5%	33.3%	40.0%	37.5%	31.8%
Closure, or partial closure, of clinical facility	16.3%	33.3%	44.0%	25.0%	25.9%
Nurse residency programs	20.4%	0.0%	44.0%	50.0%	29.4%
No longer accepting ADN students	34.7%	33.3%	0%	0%	21.2%
Clinical facility seeking magnet status	26.5%	33.3%	0%	25.0%	18.8%
Change in facility ownership/management	12.2%	33.3%	12.0%	12.5%	12.9%
Implementation of Electronic Health Record system	2.0%	0%	8.0%	0%	3.5%
Other	8.2%	33.3%	8.0%	12.5%	8.2%
Number of programs that reported	49	3	25	8	85

- The most frequently pursued strategy to address lost clinical space (reported by 64.7% of programs) was to replace the space at a different site currently being used by the program.
- Nearly one-half of the programs reported being able to replace lost space by adding a new clinical site (48.2%), or with replacement at the same clinical site (47.1%).

Strategy to Address Lost Clinical Space*	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Replaced lost space at different site currently used by nursing program	59.2%	66.7%	68.0%	87.5%	64.7%
Added/replaced lost space with new site	40.8%	66.7%	64.0%	37.5%	48.2%
Replaced lost space at same clinical site	53.1%	33.3%	40.0%	37.5%	47.1%
Clinical simulation	28.6%	66.7%	28.0%	25.0%	29.4%
Reduced student admissions	14.3%	0.0%	0.0%	12.5%	8.2%
Other	10.2%	0.0%	0.0%	25.0%	9.4%
Number of programs that reported	49	3	25	8	85

*Data collected for the first time in 2011-2012.

- 56 programs reported an increase in out-of-hospital clinical placements in 2011-2012.
- Public health agencies were reported as the most frequently used alternative clinical placement sites overall, as well as for BSN and ELM programs. Skilled nursing/rehabilitation facilities were more frequently used by ADN and LVN to ADN programs.

Alternative Clinical Sites	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	%	%	%	%	%
Public health or community health agency	36.7%	66.7%	68.4%	75.0%	51.8%
Skilled nursing/rehabilitation facility	60.0%	100.0%	26.3%	0.0%	46.4%
Outpatient mental health/substance abuse	40.0%	66.7%	42.1%	50.0%	42.9%
Medical practice, clinic, physician office	36.7%	33.3%	31.6%	25.0%	33.9%
Home health agency/home health service	33.3%	33.3%	36.8%	0.0%	32.1%
School health service (K-12 or college)	23.3%	0.0%	31.6%	100.0%	30.4%
Hospice	20.0%	33.3%	36.8%	0.0%	25.0%
Surgery center/ambulatory care center	26.7%	66.7%	10.5%	25.0%	23.2%
Urgent care, not hospital-based	23.3%	0.0%	0.0%	0.0%	12.5%
Case management/disease management	6.7%	33.3%	21.1%	0.0%	12.5%
Correctional facility, prison or jail	3.3%	0.0%	15.8%	0.0%	7.1%
Occupational health or employee health service	0.0%	0.0%	15.8%	0.0%	5.4%
Renal dialysis unit	10.0%	0.0%	0.0%	0.0%	5.4%
Number of programs that reported	30	3	19	4	56

LVN to RN Education

- Seven nursing programs exclusively offer LVN to ADN education.
- Of the 80 generic ADN programs, 32.5% (n=26) reported having a separate track for LVNs and 73.8% (n=59) admit LVNs to the generic ADN program on a space available basis.
- 32 of the generic ADN programs reported having a separate waiting list for LVNs.
- On October 15, 2012 there were a total of 618 LVNs on an ADN program waitlist. These programs reported that on average, it takes 2 quarters/semesters for an LVN-to-ADN student to enroll in the first nursing course after being placed on the waiting list.
- Overall, the most commonly reported mechanisms that facilitate a seamless progression from LVN to RN education are a bridge course and a skills lab course to document competencies.
- Direct articulation of LVN coursework and credit granted for LVN coursework upon completion of ADN courses are more frequently reported by LVN to ADN programs.

LVN to RN Articulation	Program Type			
	ADN	LVN to ADN	BSN	Total
Bridge course	80.6%	71.4%	36.4%	70.3%
Use of skills lab course to document competencies	51.4%	57.1%	54.5%	52.5%
Direct articulation of LVN coursework	45.8%	57.1%	31.8%	43.6%
Credit granted for LVN coursework following successful completion of a specific ADN course(s)	41.7%	42.9%	31.8%	39.6%
Use of tests (such as NLN achievement tests or challenge exams to award credit)	25.0%	28.6%	27.3%	25.7%
Specific program advisor	22.2%	42.9%	31.8%	25.7%
Other	11.1%	0.0%	13.6%	10.9%
Number of programs that reported	72	7	22	101

LVN to BSN Education

- Ten BSN programs reported LVN to BSN tracks that exclusively admit LVN students or differ significantly from the generic BSN program offered at the school.
 - These programs received 368 qualified applications for 585 admission spaces available for LVN to BSN students. None of these spaces were supported by grant or donor funding.
 - The most common criteria for admission to an LVN to BSN program was minimum/cumulative GPA, followed closely by minimum grade level in prerequisite courses and completion of prerequisite courses.

LVN to BSN Admission Criteria	# LVN to BSN Programs
Minimum/Cumulative GPA	8
Minimum grade level in prerequisite courses	7
Completion of prerequisite courses	7
Score on pre-enrollment test	6
Repetition of prerequisite science courses	1
Health-related work experience	3
Geographic location	2
Recent completion of prerequisite courses	2
Personal statement	0
Other	3
None	0
Number of programs that reported	10

- Ranking by specific criteria and rolling admissions were the most commonly reported methods for selecting students for admission to LVN to BSN programs.

LVN to BSN Selection Criteria	# LVN to BSN Programs
Ranking by specific criteria	5
Rolling admissions (based on application date for the quarter/semester)	3
Interviews	1
Goal statement	1
First come, first served from the waiting list	1
Other	0
Number of programs that reported	10

Partnerships

- 50 nursing programs participate in collaborative or shared programs with another nursing program leading to a higher degree.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	# Programs	# Programs	# Programs	# Programs	# Programs
Partnerships					
Collaborative/shared programs leading to higher degree	40	2	7	1	50

Professional Accreditation

- None of the LVN to ADN programs and fewer than half (33.8%) of ADN programs reported having NLNAC accreditation. CCNE does not accredit LVN to ADN or ADN programs.
- 92.3% (n=36) of BSN programs and 93.8% (n=15) of ELM programs have CCNE accreditation.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
	% Eligible Programs	% Eligible Programs	% Eligible Programs	% Eligible Programs	% Eligible Programs
Professional Accreditation					
NLNAC	33.8%	0.0%	5.1%	6.3%	21.1%
CCNE	NA*	NA*	92.3%	93.8%	92.7%
Not accredited by NLNAC or CCNE	66.2%	100%	2.6%	6.3%	43.7%
Number of programs that reported	80	7	39	16	142

* NA – Not Applicable, CCNE does not accredit ADN programs.

First Time NCLEX Pass Rates

- In 2011-2012, 89.3% (n=9,296) of nursing students who took the NCLEX for the first time passed the exam.
- The NCLEX pass rate was highest for generic ADN programs.

	Program Type				
	ADN	LVN to ADN	BSN	ELM	Total
First Time NCLEX* Pass Rate	90.0%	85.4%	88.7%	88.9%	89.3%
# Students that took the NCLEX	5,894	226	3,720	568	10,408
# Students that passed the NCLEX	5,300	193	3,298	505	9,296

*These data represent nursing students who took the NCLEX for the first time in the past five years.

- Overall, pass rates in accelerated programs were slightly lower than those in traditional programs; 87.5% (n=794) of nursing students in an accelerated track who took the NCLEX for the first time in 2011-2012 passed the exam.
- In 2011-2012, accelerated ADN programs had a lower average pass rate than their traditional counterparts, while the rate for accelerated BSN programs was comparable to that of traditional BSN programs.

Accelerated Track	Program Type**		
	ADN	BSN	Total
First Time NCLEX* Pass Rate	85.8%	88.3%	87.5%
# Students that took the NCLEX	268	639	907
# Students that passed the NCLEX	230	564	794

*These data represent nursing students who took the NCLEX for the first time in the past five years.

** No LVN to ADN or ELM programs reported data in this area.

School Data

Data in this section represent all schools with pre-licensure nursing programs. Data were not reported by degree type. As a result, this breakdown is not available.

Factors Impacting Student Attrition

- Academic failure and personal reasons continue to be reported as the factors with the greatest impact on student attrition.
- About 44% (n=58) of nursing schools reported that academic failure had the greatest impact on student attrition, while 37% (n=49) of schools reported that personal reasons had the greatest impact on student attrition.

Factors Impacting Student Attrition	Average Rank*
Academic failure	2.0
Personal reasons(e.g. home, job, health, family)	2.1
Clinical failure	2.9
Financial need	3.1
Change of major or career interest	4.1
Transfer to another school	4.5

*The lower the ranking, the greater the impact on attrition (1 has the greatest impact on attrition, while 8 has the least impact).

Methods Used to Increase Student Retention

- Student success strategies such as mentoring, remediation, tutoring, and personal counseling were reported as the most common methods used to increase student retention.

Methods Used to Increase Student Retention	% Schools
Student success strategies (e.g. mentoring, remediation, tutoring)	96.1%
Personal counseling	82.7%
Program revisions (e.g. curriculum revisions)	45.7%
New admission policies instituted	37.8%
Increased financial aid	33.1%
Increased child care	2.4%
Other	9.4%
None	1.6%
Number of schools that reported	127

Innovations Used to Expand the Nursing Program

- Simulation training, use of adjunct faculty, and grants were reported as the most common methods used to expand the nursing program.

Innovations Used to Expand the Nursing Program	% Schools
Simulation training	65.9%
Use of adjunct faculty	61.9%
Grants	54.8%
Evening schedule	27.0%
Weekend schedule	26.2%
Accelerated/ year-round program	17.5%
Shared faculty	13.5%
Extended campuses	11.1%
Distance Education (e.g. online, interactive video)	11.1%
Part-time program	3.2%
Other	7.9%
None	16.7%
Number of schools that reported	126

Access to Prerequisite Courses

- 69 nursing schools (52.3%) reported that access to prerequisite science and general education courses is a problem for their pre-licensure nursing students.
- Adding science course sections, agreements with other schools for prerequisite courses, and accepting online courses from other institutions were reported as the most common methods used to increase access to prerequisite courses for these students.

Prerequisite Access for Pre-Nursing Students	% Schools
Adding science course sections	44.4%
Agreements with other schools for prerequisite courses	42.9%
Accepting online courses from other institutions	34.9%
Offering additional prerequisite courses on weekends, evenings, and summers	30.2%
Providing online courses	22.2%
Transferable high school courses to achieve prerequisites	14.3%
Prerequisite courses in adult education	1.6%
Other	6.3%
Number of schools that reported	63

Restricting Student Access to Clinical Practice

- 101 nursing schools reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities.
- The most common types of restricted access students faced were to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to electronic medical records, and bar coding medication administration.
- Schools reported that it was uncommon to have students face the following types of restrictions: direct communication with health care team members, access to alternative settings due to liability issues, use of glucometers and IV medication administration.

Type of Restricted Access	Percentage of Schools (%)					# Schools
	Very Uncommon	Uncommon	Common	Very Common	N/A	
Clinical site due to visit from accrediting agency (Joint Commission)	5.9%	19.8%	38.6%	35.6%	0.0%	101
Student health and safety requirements	22.2%	30.3%	21.2%	23.2%	3.0%	99
Bar coding medication administration	9.3%	18.6%	41.2%	29.9%	1.0%	97
Electronic Medical Records	8.3%	19.8%	52.1%	17.7%	2.1%	96
Glucometers	27.1%	37.5%	18.8%	12.5%	4.2%	96
Automated medical supply cabinets	15.5%	35.1%	23.7%	13.4%	12.4%	97
IV medication administration	20.4%	40.8%	24.5%	7.1%	7.1%	98
Some patients due to staff workload	19.2%	39.4%	23.2%	15.2%	3.0%	99
Direct communication with health team	39.8%	38.8%	13.3%	3.1%	5.1%	98
Alternative setting due to liability	20.4%	38.8%	14.3%	9.2%	17.4%	98

- The most common clinical practice areas in which students faced restrictions were Medical Surgical, Pediatrics, and Obstetrics.

Clinical Area of Restricted Access	% Schools
Medical/Surgical	88.1%
Pediatrics	81.2%
Obstetrics	71.3%
Critical Care	60.4%
Psychiatry/Mental Health	55.4%
Geriatrics	36.6%
Community Health	17.8%
Other Department	2.0%
Number of schools that reported	101

Funding of Nursing Program

- On average, schools reported that about 75% of funding for their nursing programs comes from the operating budget of their college or university, while approximately 16% of funding comes from government sources.

Funding of Nursing Program	% Schools
Your college/university operating budget	76.7%
Government (i.e. federal grants, state grants, Chancellor's Office, Federal Workforce Investment Act)	15.6%
Industry (i.e. hospitals, health systems)	4.2%
Foundations, private donors	1.6%
Other	2.0%
Number of schools that reported	123

RN Refresher Course

- In 2011-2012, five nursing schools offered an RN refresher course, and 129 students completed one of these courses.

Clinical Simulation Center

- 128 of 132 nursing schools (97%) reported using a clinical simulation center in 2011-2012.
- Of the 128 schools that used clinical simulation centers in 2011-2012, 65.6% (n=84) plan to expand the center.
- Clinical scenarios, debriefing and dialoguing, hi-fidelity mannequins, students in uniform, and a student preparation phase are all very common educational techniques used as part of the clinical simulation experience.

Educational Techniques of Clinical Simulation	% Schools
Clinical scenarios	99.2%
Debriefing as part of the simulation experience	97.6%
Hi-fidelity mannequin	92.8%
Students in uniforms	92.0%
A student preparation phase as part of the simulation experience	92.0%
Videotaping	69.6%
Enclosed simulation room replicating the clinical environment with observation window(s)	65.6%
Number of schools that reported	125

- Approximately 97% of schools that use a clinical simulation have facilities on campus at the nursing school.

Location of Clinical Simulation	% Schools
On campus at the nursing school	96.8%
Through arrangement at another facility (i.e. clinical affiliate, nursing program)	12.0%
Other	4.0%
Number of schools that reported	125

- Schools most frequently staff clinical simulation with full-time or part-time staff, or a clinical simulation coordinator.

Staffing Clinical Simulation	% Schools
Full-time or part-time staff	70.4%
RN clinical simulation coordinator (in addition to RN course faculty)	67.2%
Clinical simulation technician	42.4%
Other	16.8%
Number of schools that reported	125

- The most frequently reported reasons for using a clinical simulation center were to standardize clinical experiences (88%), to provide clinical experience not available in a clinical setting (80.8%), and to check clinical competencies (76%).

Use of a Clinical Simulation Center	% Schools
To standardize clinical experiences	88.0%
To provide clinical experience not available in a clinical setting	80.8%
To check clinical competencies	76.0%
To make up for clinical experiences	60.0%
To provide interdisciplinary experiences	45.6%
To increase capacity in your nursing program	14.4%
To provide collaborative experiences between hospital staff and students	11.2%
Number of schools that reported	125

- Most hi-fidelity scenarios used in California nursing schools are developed by faculty, purchased, or modified from purchased scenarios.
- Nearly one-third (32%) of hi-fidelity scenarios are developed through participation in regional or statewide alliances.

Development of Hi-Fidelity Scenarios	% Schools
By faculty	80.0%
Modified from purchased scenarios	76.0%
Purchased	68.8%
Regional or statewide alliance	32.0%
Shared with another nursing program	16.8%
Other	3.2%
Number of schools that reported	125

- Medical/Surgical, pediatrics, fundamentals, and obstetrics are the most common areas in which schools use clinical simulation.
- On average, nursing schools use clinical simulation centers for 15% of clinical time in medical/surgical and 12% of clinical time in pediatrics, fundamentals and obstetrics.

Content Areas Taught in the Clinical Simulation Center	% Schools	Average % of Content Taught in Simulation
Medical/Surgical	99.2%	15.3%
Pediatrics	84.6%	12.2%
Fundamentals	83.7%	12.0%
Obstetrics	78.0%	11.5%
Geriatrics	66.7%	9.4%
Psychiatry/Mental Health	48.0%	8.8%
Leadership/Management	35.8%	7.8%
Other	12.2%	16.9%
Number of schools that reported	123	115

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (80)

American River College	Los Angeles Valley College
Antelope Valley College	Los Medanos College
Bakersfield College	Mendocino College
Butte Community College	Merced College
Cabrillo College	Merritt College
Cerritos College	Mira Costa College (<i>formerly LVN to ADN</i>)
Chabot College	†Modesto Junior College
Chaffey College	Monterey Peninsula College
Citrus College	Moorpark College
City College of San Francisco	Mount Saint Mary's College
College of Marin	Mount San Antonio College
College of San Mateo	Mount San Jacinto College
College of the Canyons	Napa Valley College
College of the Desert	Ohlone College
College of the Redwoods	†Pacific Union College
College of the Sequoias	Palomar College
Contra Costa College	Pasadena City College
Copper Mountain College	Pierce College
Cuesta College	Porterville College
Cypress College	Rio Hondo College
De Anza College	Riverside City College
East Los Angeles College	Sacramento City College
El Camino College - Compton Education Center	Saddleback College
El Camino College	San Bernardino Valley College
Everest College	San Diego City College
Evergreen Valley College	San Joaquin Delta College
Fresno City College	San Joaquin Valley College
Glendale Community College	Santa Ana College
Golden West College	Santa Barbara City College
Grossmont College	Santa Monica College
Hartnell College	Santa Rosa Junior College
Imperial Valley College	Shasta College
*ITT Technical Institute	Shepherd University
Kaplan College (<i>formerly Maric College</i>)	Sierra College
Long Beach City College	Solano Community College
Los Angeles City College	Southwestern College
Los Angeles County College of Nursing & Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Southwest College	West Hills College Lemoore
Los Angeles Trade-Tech College	Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College (*formerly Western Career College – Sacramento*)
College of the Siskiyous
Gavilan College

Mission College
Reedley College at Madera Community College Center
Unitek College

BSN Programs (39)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
CSU Bakersfield
†CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
†CSU San Bernardino
†CSU San Marcos
†CSU Stanislaus
Concordia University Irvine
Dominican University of California
Holy Names University

Humboldt State University
Loma Linda University
Mount Saint Mary's College
†National University
Point Loma Nazarene University
†Samuel Merritt University
San Diego State University
†San Francisco State University
Simpson University
Sonoma State University
University of California Irvine
University of California Los Angeles
University of Phoenix - Northern California
University of San Francisco
The Valley Foundation School of Nursing at San Jose State University
West Coast University – Inland Empire
West Coast University – Los Angeles
West Coast University – Orange County
Western Governors University

ELM Programs (16)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
*Charles R. Drew University
†Samuel Merritt University

†San Francisco State University
United States University
(*formerly InterAmerican College*)
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

† Reported student data for satellite campuses
* - New programs in 2011-2012

APPENDIX B – Definition List

Definition List

The following definitions apply throughout the survey whenever the word or phrase being defined appears unless otherwise noted.

Accelerated Program: An Accelerated Program's curriculum extends over a shorter time-period than a traditional program. The curriculum itself may be the same as a generic curriculum or it may be designed to meet the unique learning needs of the student population.

Active Faculty: Faculty who teach students and have a teaching assignment during the time period specified. Include deans/directors, professors, associate professors, assistant professors, adjunct professors, instructors, assistant instructors, clinical teaching assistants, and any other faculty who have a current teaching assignment.

Adjunct Faculty: A faculty member that is employed to teach a course in a part-time and/or temporary capacity.

Advanced Placement Students: Pre-licensure students who entered the program after the first semester/quarter. These students include LVNs, paramedics, military corpsmen, and other health care providers, but does not include students who transferred or were readmitted.

Assembly Bill 1559 Criteria: Requires California Community College (CCC) registered nursing programs who determine that the number of applicants to that program exceeds the capacity and elects, on or after January 1, 2008 to use a multicriteria screening process to evaluate applicants shall include specified criteria including, but not limited to, all of the following: (1) academic performance, (2) any relevant work or volunteer experience, (3) foreign language skills, and (4) life experiences and special circumstances of the applicant. Additional criteria, such as a personal interview, a personal statement, letter of recommendation, or the number of repetitions of prerequisite classes or other criteria, as approved by the chancellor, may be used but are not required.

Attrition Rate: The total number of generic students dropped or disqualified who were scheduled to complete the program between August 1, 2011 and July 31, 2012, divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Census Data: Number of students enrolled or faculty present on October 15, 2012.

Clinical Placement: A cohort of students placed in a clinical facility or community setting as part of the clinical education component of their nursing education. If you have multiple cohorts of students at one clinical facility or community setting, you should count each cohort as a clinical placement.

Clinical Simulation: Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Collaborative/Shared Education: A written agreement between two or more nursing programs specifying the nursing courses at their respective institutions that are equivalent and acceptable for transfer credit to partner nursing programs. These partnerships may be between nursing programs offering the same degree or between an entry degree nursing program(s) and a higher degree nursing program(s). These later arrangements allow students to progress from one level of nursing education to a higher level without the repetition of nursing courses.

Completed on Schedule Students: Students scheduled on admission to complete the program between August 1, 2011 and July 31, 2012.

Contract Education: A written agreement between a nursing program and a health care organization in which the nursing program agrees to provide a nursing degree program for the organization's employees for a fee.

Distance Education: Any method of presenting a course where the student and teacher are not present in the same room (e.g., internet web based, teleconferencing, etc.).

Entry-level Master's (ELM): A master's degree program in nursing for students who have earned a bachelor's degree in a discipline other than nursing and do not have prior schooling in nursing. This program consists of pre-licensure nursing courses and master's level nursing courses.

Evening Program: A program that offers all program activities in the evening (i.e. lectures, etc.). This does not include a traditional program that offers evening clinical rotations.

Full-Time Equivalents (FTEs): One FTE is equal to 40 hours per week.

Full-Time Faculty: Faculty that work 1.0 FTE, as defined by the school.

Generic Pre-licensure Students: Students who enter the program in the first nursing course.

Hi-Fidelity Mannequin: A portable, realistic human patient simulator designed to teach and test students' clinical and decision-making skills.

Home Campus: The campus where your school's administration is based. Include data here about any satellite campuses if they are located in the same county as your home campus.

LVN to BSN Program: A program that exclusively admits LVN to BSN students. If the school also has a generic BSN program, the LVN to BSN program is offered separately or differs significantly from the generic program.

LVN 30 Unit Option Students: LVNs enrolled in the curriculum for the 30-unit option.

Part-Time Faculty: Faculty that work less than 1.0 FTE and do not carry a full-time load, as defined by school policy. This includes annualized and non-annualized faculty.

Readmitted Students: Returning students who were previously enrolled in your program.

Retention Rate: The total number of generic students who completed the program between August 1, 2011 and July 31, 2012 divided by the total number of generic students enrolled who were scheduled to complete during the same time period.

Shared Faculty: A faculty member is shared by more than one school, e.g. one faculty member teaches a course in pediatrics to three different schools in one region.

Students who Dropped Out or were Disqualified: Students who have left the program prior to their scheduled completion date occurring between August 1, 2011 and July 31, 2012.

Time Period for the Survey: August 1, 2011 - July 31, 2012. For those schools that admit multiple times a year, combine all student cohorts.

Traditional Program: A program on the semester or quarter system that offers most courses and other required program activities on weekdays during business hours. Clinical rotations for this program may be offered on evenings and weekends.

Transfer Students: Students in your programs that have transferred nursing credits from another pre-licensure program. This excludes RN to BSN students.

Validated Prerequisites: The nursing program uses one of the options provided by the California Community College Chancellor's Office for validating prerequisite courses.

Waiting List: A waiting list identifies students who qualified for the program, were not admitted in the enrollment cycle for which they applied, and will be considered for a subsequent enrollment cycle without needing to reapply.

Weekend Program: A program that offers all program activities on weekends, i.e. lectures, clinical rotations, etc. This does not include a traditional program that offers clinical rotations on weekends.

APPENDIX C – BRN Education Issues Workgroup

BRN Education Issues Workgroup Members

Members

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 Audrey Berman
 Liz Close
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 Patricia Girczyc
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Organization

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 Samuel Merritt University
 Sonoma State University
 Community College Chancellor's Office
 College of the Redwoods
 Loma Linda University
 California Institute for Nursing and Health Care
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California Board of Registered Nursing

DRAFT

California Board of Registered Nursing

2011-2012 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

January 23, 2013

Prepared by:
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PREFACE

Nursing Education Survey Background

Development of the 2011-2012 Board of Registered Nursing (BRN) School Survey was the work of the Board's Education Issues Workgroup, which consists of nursing education stakeholders from across California. A list of workgroup members is included in the Appendices. The University of California, San Francisco was commissioned by the BRN to develop the online survey instrument, administer the survey, and report data collected from the survey.

Funding for this project was provided by the California Board of Registered Nursing.

Organization of Report

The survey collects data about nursing programs and their students and faculty from August 1 through July 31. Annual data presented in this report represent August 1, 2011 through July 31, 2012. Demographic information and census data were requested for October 15, 2012.

Data from pre- and post-licensure nursing education programs are presented in separate reports and will be available on the BRN website. Data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs.

Statistics for enrollments and completions represent two separate student populations. Therefore, it is not possible to directly compare enrollment and completion data.

Availability of Data

The BRN Annual School Survey was designed to meet the data needs of the BRN as well as other interested organizations and agencies. A database with aggregate data derived from the last ten years of BRN School Surveys will be available for public access on the BRN website. Parties interested in accessing data not available on the website should contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

The BRN acknowledges that survey respondents may not have had ready access to some of the data that were being requested. To address this issue, a member of the Education Issues Workgroup developed a computer program for tracking most of the required data. The computer tracking program was distributed to nursing programs in the fall of 2006. Nursing programs that do not have this program may contact Julie Campbell-Warnock at the BRN at Julie.Campbell-Warnock@dca.ca.gov.

Value of the Survey

This survey has been developed to support nursing, nursing education and workforce planning in California. The Board of Registered Nursing believes that the results of this survey will provide data-driven evidence to influence policy at the local, state, federal and institutional levels.

The BRN extends appreciation to the Education Issues Workgroup and all survey respondents. Your participation has been vital to the success of this project.

Survey Participation¹

All California nursing schools were invited to participate in the survey. In 2011-2012, 132 nursing schools offering 142 pre-licensure programs approved by the BRN to enroll students responded to the survey. A list of the participating nursing schools is provided in the Appendix.

Program Type	# Programs Responded	Total # Programs	Response Rate
ADN	80	80	100%
LVN to ADN	7	7	100%
BSN	39	39	100%
ELM	16	16	100%
Total Programs	142	142	100%

¹ In this 2012 report there are 132 schools in California that offer a prelicense nursing program. Some nursing schools offer more than one program, which is why the number of programs (n=142) is greater than the number of schools. In addition, some schools offer their programs at more than one campus. In the 2011-2012 survey, 132 nursing schools reported data for 142 prelicense programs at 160 different locations.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS

This analysis presents pre-licensure program data from the 2011-2012 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, NCLEX pass rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2011-2012, a total of 142 pre-licensure nursing programs in California enrolled students. This represents a net loss of 3 nursing programs over the previous year (2 ADN programs and 1 ELM program). This is the first time in ten years that the number of nursing programs in California has decreased. Most pre-licensure nursing programs in California are public. However, the share of public programs has been decreasing over the past ten years, from a high of 85.1% (n=86) of pre-licensure nursing programs in 2002-2003 to its current share of 74.6% (n=106) in 2011-2012. Private schools have accounted for almost all new program growth since 2006-2007.

Number of Nursing Programs

	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Total Number of Nursing Programs	101	104	109	117	130	132	138	139	145	142
ADN	73	73	76	77	82	84	86	86	89	87
BSN	23	23	24	26	32	32	36	37	39	39
ELM	5	8	9	14	16	16	16	16	17	16
Public	86	87	90	96	105	105	105	105	107	106
Private	15	17	19	21	25	27	33	34	38	36
Total Number of Schools*	97	99	102	105	117	119	125	125	131	132

*Since some nursing schools admit students in more than one program, the number of nursing programs is greater than the number of nursing schools in the state.

The share of nursing programs that partner with another nursing school that offers a higher degree has been increasing since 2007-2008. In 2011-2012, 35.2% of nursing programs (n=50) collaborated with another program that offered a higher degree than offered at their own program.

	Academic Year						
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Partnerships							
Schools that partner with another program that leads to a higher degree	7.7%	6.9%	6.8%	13.8%	25.2%	30.3%	35.2%
Total number of programs	117	130	132	138	139	145	142

*These data were collected for the first time in 2005-2006.

Admission Spaces and New Student Enrollments

In 2008-2009, the number of spaces available for new students in nursing programs reached a high of 12,812. Since then, however, the number of available spaces has decreased by 3.3%. In 2011-2012, there were 12,391 spaces available for new students and these spaces were filled with a total of 13,677 students. This represents the second consecutive year in which new student enrollments declined, after having increased every year in the ten years prior to the 2010-2011 academic year. The share of nursing programs that reported filling more admission spaces than were available also fell slightly, from 48.3% (n=70) in 2010-2011 to 47.9% (n=68) in 2011-2012. The most frequently reported reason for doing so was to account for attrition.

Availability and Utilization of Admission Spaces

	<i>Academic Year</i>									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Spaces Available	7,601	7,797	9,026	10,523	11,475	11,773	12,812	12,797	12,643	12,391
New Student Enrollments	7,457	7,825	8,926	11,131	12,709	12,961	13,988	14,228	13,939	13,677
% Spaces Filled	98.1%	100.4%	98.9%	105.8%	110.8%	110.1%	109.2%	111.2%	110.3%	110.4%

Nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The number of qualified applications nursing programs received in 2011-2012 increased 2.2% (n=818) over the previous year, reversing the first decline in the past ten years that occurred in 2010-2011. In 2011-2012, 64.6% of the 38,665 qualified applications to California nursing education programs were not accepted for admission. Since these data represent applications and an individual can apply to multiple nursing programs, the number of applications is likely greater than the number of individuals applying for admission to nursing programs in California.

Student Admission Applications*

	<i>Academic Year</i>									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Qualified Applications	13,926	17,887	20,405	28,410	28,506	34,074	36,954	41,634	37,847	38,665
ADN	9,531	12,585	14,615	19,724	19,559	25,021	26,185	28,555	24,722	23,913
BSN	3,301	3,964	4,914	7,391	7,004	7,515	8,585	10,680	11,098	12,387
ELM	1,094	1,338	876	1,295	1,943	1,538	2,184	2,399	2,027	2,365
% Qualified Applications Not Accepted	46.5%	56.3%	56.3%	60.8%	55.4%	62.0%	62.1%	65.4%	63.2%	64.6%

*Since these data represent applications rather than individuals, the increase in qualified applications may not represent an equal growth in the number of individuals applying to nursing school.

New student enrollments have almost doubled since the 2002-2003 academic year. However, the total number of students enrolled in a nursing program in California decreased for the second consecutive year, declining by 1.9% (n=262) between 2010-2011 and 2011-2012. New enrollments in both ADN and ELM programs were responsible for the decrease. In the last year, new student enrollments decreased by 3.6% (n=277) in ADN programs and 9.7% (n=88) in ELM programs (there were 2 fewer ADN programs and 1 less ELM program). In contrast, new student enrollments in BSN programs saw a 1.9% increase (n=103). New student enrollment at private nursing programs remained steady in 2011-2012, which means the enrollment decline was driven by public programs. Since their peak in 2006-2007, new student enrollments in public programs have fallen 14% (n=1,443), while at private programs they've more than doubled (n=2,411).

New Student Enrollment by Program Type

	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
New Student Enrollment	7,457	7,825	8,926	11,131	12,709	12,961	13,988	14,228	13,939	13,677
ADN	5,316	5,547	6,160	7,778	8,899	8,847	9,412	8,594	7,688	7,411
BSN	1,903	1,960	2,371	2,709	3,110	3,404	3,821	4,842	5,342	5,445
ELM	238	318	395	644	700	710	755	792	909	821
Private	980	1,150	1,614	2,024	2,384	2,704	3,774	4,607	4,773	4,795
Public	6,477	6,675	7,312	9,107	10,325	10,257	10,214	9,621	9,166	8,882

Student Census Data

The total number of students enrolled in California nursing programs on October 15, 2012 declined in comparison to the previous year, from 26,531 to 25,670. Although the total number of ELM students enrolled dropped slightly (5.4%, n=96), the overall decline is mainly the result of fewer ADN students, whose total numbers fell by 9.1% (n=1,181) between 2011 and 2012. Of the total student body in California's pre-license nursing programs at the time of the census, 46.2% (n=11,860) were in ADN programs, 47.2% (n=12,128) in BSN programs, and 6.6% (n=1,682) in ELM programs. This marks the first time that BSN students comprise the largest share of all students enrolled in California RN programs.

Student Census Data*

Program Type	Year									
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
ADN Program	9,547	9,939	11,117	12,632	14,191	14,304	14,987	14,011	13,041	11,860
BSN Program	5,279	5,669	6,285	6,799	7,059	7,956	9,288	10,242	11,712	12,128
ELM Program	368	804	659	896	1,274	1,290	1,405	1,466	1,778	1,682
Total Nursing Students	15,194	16,412	18,061	20,327	22,524	23,550	25,680	25,719	26,531	25,670

*Census data represent the number of students on October 15th of the given year.

Student Completions

Student completions increased 1.4% (n=148) in 2011-2012 after declining for the first time in ten years between 2009-2010 and 2010-2011. As with new student enrollments, BSN and ELM completions continued to increase, while ADN programs reported fewer graduates in 2011-2012 compared with previous years. Although the share has grown smaller, ADN graduates continue to represent a majority (57%) of all students completing a prelicense nursing program in California.

Student Completions

	<i>Academic Year</i>									
	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>	<i>2010-2011</i>	<i>2011-2012</i>
Student Completions	5,623	6,158	6,677	7,528	8,317	9,580	10,630	11,512	10,666	10,814
ADN	4,027	4,488	4,769	5,351	5,885	6,527	7,990	7,690	6,619	6,162
BSN	1,412	1,479	1,664	1,861	2,074	2,481	2,788	3,157	3,330	3,896
ELM	184	191	244	316	358	572	663	665	717	756

Retention and Attrition Rates

Of the 9,595 students scheduled to complete a nursing program in the 2011-2012 academic year, 78.9% (n=7,570) completed the program on-time, 6.6% (n=631) are still enrolled in the program, and 14.5% (n=1,394) dropped out or were disqualified from the program. At 78.9%, the 2011-2012 retention rate is the highest in the past ten years.

Student Retention and Attrition

	<i>Academic Year</i>									
	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>	<i>2010-2011</i>	<i>2011-2012</i>
Students Scheduled to Complete the Program	8,208	8,151	8,507	8,208	8,852	9,769	10,630	10,162	10,007	9,595
Completed On Time	5,621	5,831	6,055	6,047	6,437	7,254	7,990	7,845	7,742	7,570
Still Enrolled	1,314	1,082	710	849	996	950	1,078	928	742	631
Attrition	1,273	1,238	1,742	1,312	1,419	1,565	1,562	1,389	1,523	1,394
Completed Late [‡]								615	487	435
Retention Rate*	68.5%	71.5%	71.2%	73.7%	72.7%	74.3%	75.2%	77.2%	77.4%	78.9%
Attrition Rate	15.5%	15.2%	20.5%	16.0%	16.0%	16.0%	14.7%	13.7%	15.2%	14.5%
% Still Enrolled	16.0%	13.3%	8.3%	10.3%	11.3%	9.7%	10.1%	9.1%	7.4%	6.6%

*Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

**Attrition rate = (students who dropped out or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

Blank cells indicated that the applicable information was not requested in the given year.

[‡] Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

Attrition rates vary by program type. In 2011-2012, attrition rates decreased in all program types but continue to be lowest among ELM programs and highest among ADN programs. Attrition rates are also higher in public nursing (15.5%) programs compared with private programs (10.9%).

Attrition Rates by Program Type

Program Type	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
ADN	19.1%	17.0%	23.7%	18.3%	19.0%	19.0%	17.6%	16.6%	18.1%	17.7%
BSN	8.1%	10.8%	11.0%	10.5%	8.7%	8.6%	9.0%	8.1%	10.0%	9.7%
ELM	3.2%	4.7%	14.3%	5.0%	7.2%	5.6%	5.2%	5.6%	8.9%	7.3%
Private	9.6%	10.1%	15.9%	14.6%	7.9%	9.2%	10.0%	8.9%	12.4%	10.9%
Public	16.7%	15.9%	21.2%	16.2%	17.7%	17.5%	16.0%	14.8%	15.9%	15.5%

Retention and attrition rates have fluctuated over the ten-year period as documented in the above tables. Changes to the survey that occurred between 2003-2004 and 2005-2006 may have affected the comparability of these data over time.

Retention and Attrition Rates for Accelerated Programs

The attrition rate for accelerated programs in 2010-2011 was much higher by comparison with previous years, reversing what had been a declining rate. However, the data for 2011-2012 show a return to lower attrition rates, with an overall rate of 4.1%. The 2011-2012 average retention rate for accelerated programs (90.2%) was much higher compared to traditional programs (78.9%).

Student Retention and Attrition for Accelerated Programs*

	Academic Year				
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Students Scheduled to Complete the Program	686	784	1,159	1,040	1,281
Completed On Time	569	674	1,059	878	1,156
Still Enrolled	88	83	71	69	72
Attrition	28	27	29	93	53
Completed Late [‡]			45	34	72
Retention Rate*	82.9%	86.0%	91.4%	84.4%	90.2%
Attrition Rate	4.1%	3.4%	2.5%	8.9%	4.1%
% Still Enrolled	12.8%	10.6%	6.1%	6.6%	5.6%

*These data were collected for the first time in 2007-2008.

**Retention rate = (students who completed the program on-time) / (students scheduled to complete the program)

***Attrition rate = (students who dropped or were disqualified who were scheduled to complete) / (students scheduled to complete the program)

Blank cells indicated that the applicable information was not requested in the given year.

[‡] Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

Attrition rates in accelerated ADN programs continued the improvement seen in previous years, declining from a high of 24.7% in 2007-2008 to the current rate of 2.2% in 2011-2012. Attrition rates in accelerated BSN programs have fluctuated during this five-year period, but did improve in 2011-2012 compared to the previous year, dropping to 4.6%. Both accelerated ADN and BSN programs had lower attrition rates than traditional programs.

Attrition Rates by Program Type for Accelerated Programs*

Program Type	Academic Year				
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
ADN	24.7%	18.5%	6.6%	7.9%	2.2%
BSN	6.8%	7.0%	5.8%	9.2%	4.6%

*These data were collected for the first time in 2007-2008.

NCLEX Pass Rates

Over the last ten years, NCLEX pass rates have typically been higher for ELM graduates than for ADN or BSN program graduates. Improved pass rates for ADN and BSN graduates and lower pass rates for ELM students have narrowed this gap in recent years, and for the first time in the past decade NCLEX pass rates for ADN programs were highest overall.

First Time NCLEX Pass Rates*

Program Type	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
ADN	85.1%	85.1%	85.0%	87.3%	87.8%	85.4%	87.5%	88.6%	87.4%	89.8%
BSN	84.9%	84.9%	83.3%	83.1%	89.4%	85.9%	88.7%	89.2%	87.9%	88.7%
ELM	97.4%	93.6%	92.0%	92.4%	89.6%	92.3%	90.6%	89.6%	88.2%	88.9%

*NCLEX pass rates for students who took the exam for the first time in the past five years.

NCLEX pass rates for students graduated from accelerated nursing programs are comparable to pass rates of students who completed traditional programs. While the pass rates for both types of programs have fluctuated over time, accelerated ADN programs had a lower 2011-2012 average pass rate compared to their traditional counterparts.

First Time NCLEX Pass Rates for Accelerated Programs*

Program Type	Academic Year				
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
ADN	86.7%	93.7%	89.0%	83.9%	85.8%
BSN	89.4%	92.1%	88.5%	90.9%	88.3%

*These data were collected for the first time in 2007-2008.

Employment of Recent Nursing Program Graduates²

The largest share of RN program graduates work in hospitals. Although this share has been decreasing in recent years, from a high of 88.0% in 2007-2008, it did increase over the past year. In 2011-2012, programs reported that 60.2% of graduates were employed in hospitals. Similarly, the share of new graduates employed in nursing who work in California has been decreasing since 2007-2008, but it was slightly higher in 2011-2012 compared to the previous year. Nursing programs reported that 17.5% of their 2011-2012 graduates had been unable to find employment by October 2012, down from 21.8% a year ago.

Employment of Recent Nursing Program Graduates*

Employment Location	Academic Year							
	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>	<i>2010-2011</i>	<i>2011-2012</i>
Hospital	72.6%	80.1%	84.3%	88.0%	71.4%	59.0%	54.4%	60.2%
Long-term care facilities		0.8%	3.7%	2.7%	8.4%	9.7%	7.8%	8.0%
Community/public health facilities		2.4%	3.4%	2.2%	5.4%	3.9%	4.5%	3.6%
Other healthcare facilities		1.8%	2.9%	3.1%	5.6%	6.0%	5.0%	5.1%
Other		1.4%	6.1%	4.0%	15.6%	14.8%	6.5%	4.2%
Unable to find employment*						27.5%	21.8%	17.5%
Employed in California	59.9%	77.5%	87.8%	91.5%	83.4%	81.1%	68.0%	69.5%

*These data were added to the survey in 2009-10.

Blank cells indicated that the applicable information was not requested in the given year.

² Graduates whose employment setting was reported as “unknown” have been excluded from this table. In 2011-2012, on average, the employment setting was unknown for 21% of recent graduates.

Clinical Simulation in Nursing Education

Between 8/1/11 and 7/31/12, 128 of California's 132 nursing schools reported using clinical simulation³. Of the remaining four schools not using clinical simulation, two began using clinical simulation since 7/31/12 and one has plans to start using simulation in the next year.

The most frequently reported reasons for why schools used a clinical simulation center in 2011-2012 were, again, to provide clinical experience not available in a clinical setting, to standardize clinical experiences, and to check clinical competencies. Of the 128 schools that used clinical simulation centers in 2011-2012, 65.6% (n=84) plan to expand the center.

Reasons for Using a Clinical Simulation Center*

Reason	2007-08	2008-09	2009-10	2010-11	2011-12
To standardize clinical experiences	80.9%	75.7%	82.5%	90.0%	85.9%
To provide clinical experience not available in a clinical setting	73.5%	70.3%	85.1%	85.0%	78.9%
To check clinical competencies	69.1%	73.9%	80.7%	71.7%	74.2%
To make up for clinical experiences	55.9%	56.8%	62.2%	58.3%	58.6%
To increase capacity in your nursing program	22.1%	14.4%	13.8%	16.7%	14.1%
Number of schools that use a clinical simulation center	68	111	116	120	128

*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data prior to 2007-2008 are not shown.

³ Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

Clinical Space & Clinical Practice Restrictions[‡]

The number of California nursing programs reporting they were denied access to either a clinical placement, unit or shift declined from 93 programs in 2010-2011 to 85 programs in 2011-2012 (the total was 77 programs in 2009-2010). Just under half of the programs (46.4%, n=65) that reported data indicated they were denied access to clinical units and placements, while 26.6% (n=37) were denied access to a clinical shift during the 2011-2012 academic year. Access to an alternative clinical site depended on the type of space denied. Approximately one-third (32.3%) of programs denied clinical placement were offered an alternative, compared to 44.6% of programs denied a clinical unit, and 83.8% of programs denied a clinical shift. The lack of access to clinical space resulted in a loss of 266 clinical placements, 131 units and 54 shifts, which affected 1,006 students.

Denied Clinical Space⁴	2010-11	2011-12
Programs Denied Clinical Placement	72	65
Programs Offered Alternative by Site	17	21
Placements Lost	270	266
Number of programs that reported	142	140
Programs Denied Clinical Unit	66	65
Programs Offered Alternative by Site	35	29
Units Lost	118	131
Number of programs that reported	142	139
Programs Denied Clinical Shift	41	37
Programs Offered Alternative by Site	31	31
Shifts Lost	77	54
Number of programs that reported	141	139
Total number of students affected	2,190	1,006 ⁵

[‡] Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

⁴ Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 is not shown.

⁵ Only 46 of the 85 programs that reported experiencing a loss of clinical placements, units, or shifts also reported the total number of students affected by the loss.

Competition for space arising from an increase in the number of nursing students continued to be the most frequently reported reason why programs were denied clinical space, though the share of programs citing it as a reason declined compared to the previous year. All other reasons for clinical space being unavailable were reported more frequently in 2011-2012 compared to one year ago. Clinical space being denied for reasons related to nurse residency programs, or to staff nurse overload saw the greatest increase.

Reasons for Clinical Space Being Unavailable

Reasons for Clinical Space Being Unavailable	2009-10	2010-11	2011-12
Competition for clinical space due to increase in number of nursing students in region	71.4%	64.5%	58.8%
Staff nurse overload or insufficient qualified staff	54.5%	46.2%	54.1%
Displaced by another program	62.3%	40.9%	44.7%
Decrease in patient census	35.1%	30.1%	31.8%
Closure, or partial closure, of clinical facility		23.7%	25.9%
Nurse residency programs	28.6%	18.3%	29.4%
No longer accepting ADN students	26.0%	16.1%	21.2%
Clinical facility seeking magnet status	36.4%	12.9%	18.8%
Change in facility ownership/management		11.8%	12.9%
Implementation of Electronic Health Records system			3.5%
Other	20.8%	9.7%	8.2%
Number of programs that reported	77	93	85

Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

Blank cells indicated that the applicable information was not requested in the given year.

Reasons for lack of access to clinical space vary by program, although the predominant reason among all program levels remains competition from the increased number of nursing students. Staff nurse overload/insufficient qualified staff and a decrease in patient census was also a frequently cited reason by both BSN and ELM programs. Just over one-half of all ADN programs reported being displaced by another program as a reason for being denied access to clinical space, and not accepting ADN students was a barrier to finding clinical space only for ADN programs.

Reasons for Clinical Space Being Unavailable, by Program Type, 2011-2012

Reasons for Clinical Space Being Unavailable	Program Type			
	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	53.8%	68.0%	62.5%	58.8%
Staff nurse overload or insufficient qualified staff	48.1%	64.0%	62.5%	54.1%
Displaced by another program	51.9%	36.0%	25.0%	44.7%
Decrease in patient census	26.9%	40.0%	37.5%	31.8%
Closure, or partial closure, of clinical facility	17.3%	44.0%	25.0%	25.9%
Nurse residency programs	19.2%	44.0%	50.0%	29.4%
No longer accepting ADN students	34.6%	0%	0%	21.2%
Clinical facility seeking magnet status	26.9%	0%	25.0%	18.8%
Change in facility ownership/management	13.5%	12.0%	12.5%	12.9%
Implementation of Electronic Health Record system	1.9%	8.0%	0%	3.5%
Other	7.7%	8.0%	12.5%	8.2%
Number of programs that reported	52	25	8	85

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. The most frequently reported strategy (61.1%) was to replace the lost clinical space at a different site currently being used by the program. Nearly one-half of the programs reported being able to replace lost space by adding a new clinical site (48.2%), or with replacement at the same clinical site (47.1%).

Strategies to Address the Loss of Clinical Space, 2011-2012*

Strategy to Address Lost Clinical Space	2011-12
Replaced lost space at different site currently used by nursing program	61.1%
Added/replaced lost space with new site	48.2%
Replaced lost space at same clinical site	47.1%
Clinical simulation	29.4%
Reduced student admissions	8.2%
Other	9.4%
Number of programs that reported	85

*Data were collected for the first time during the 2011-2012 survey.

39.4% (n=56) of nursing programs in the state reported an increase in out-of-hospital clinical placements in 2011-2012. The most frequently reported non-hospital clinical site to see an increase in placements was a public health/community health agency, reported by 51.8% of all responding programs. This marks an eight percent increase by comparison with last year. Medical practice sites/clinics/physician offices saw a ten percent increase in the number of programs reporting increased placements. Outpatient mental health/substance abuse clinics and case management/disease management clinical sites were also more frequently reported as seeing an increase in placements compared with one year ago.

Alternative Clinical Sites*	2010-11	2011-12
Public health or community health agency	43.6%	51.8%
Skilled nursing/rehabilitation facility	47.3%	46.4%
Outpatient mental health/substance abuse	36.4%	42.9%
Medical practice, clinic, physician office	23.6%	33.9%
Home health agency/home health service	30.9%	32.1%
School health service (K-12 or college)	30.9%	30.4%
Hospice	25.5%	25.0%
Surgery center/ambulatory care center	20.0%	23.2%
Urgent care, not hospital-based	9.1%	12.5%
Case management/disease management	7.3%	12.5%
Correctional facility, prison or jail	5.5%	7.1%
Occupational health or employee health service	5.5%	5.4%
Renal dialysis unit	12.7%	5.4%
Number of programs that reported	55	56

*These data were collected for the first time in 2010-2011.

In 2011-2012, 101 of 132 schools (76.5%) reported that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities. The most common types of restrictions students faced continued to be access to the clinical site itself, due to a visit from the Joint Commission or another accrediting agency, access to bar coding medication administration, and access to electronic medical records. Schools reported that the least common types of restrictions students faced were direct communication with health care team members, access to glucometers, and IV medication administration.

Common Types of Restricted Access for RN Students	2009-10	2010-11	2011-12
Clinical site due to visit from accrediting agency (Joint Commission)	68.1%	71.0%	74.3%
Bar coding medication administration	70.3%	58.0%	68.3%
Electronic Medical Records	70.3%	50.0%	66.3%
Student health and safety requirements		39.0%	43.6%
Automated medical supply cabinets	53.1%	34.0%	35.6%
Glucometers	37.2%	33.0%	29.7%
IV medication administration	27.7%	31.0%	30.7%
Some patients due to staff workload		31.0%	37.6%
Alternative setting due to liability	20.2%	13.0%	22.8%
Direct communication with health team	11.8%	12.0%	15.8%
Number of schools that reported	94	100	101

Blank cells indicated that the applicable information was not requested in the given year.

Faculty Census Data

The total number of nursing faculty increased by 1.4% (n=60) compared with last year. On October 15, 2012, there were 4,119 total nursing faculty⁶. Of these faculty, 36.1% (n=1,488) were full-time and 63.9% (n=2,631) were part-time. Compared to the previous year, the number of full-time faculty stayed nearly the same while the number of part-time faculty increased slightly (2.5%).

The need for faculty continues to outpace the number of active faculty. On October 15, 2012, schools reported 355 vacant faculty positions. These vacancies represent a 7.9% faculty vacancy rate, which is the highest rate reported in the past decade.

Faculty Census Data¹

	Year									
	2003	2004	2005 ²	2006*	2007*	2008	2009	2010	2011	2012
Total Faculty	2,031	2,207	2,432	2,723	3,282	3,471	3,630	3,773	4,059	4,119
Full-time	1,087	1,061	930	1,102	1,374	1,402	1,453	1,444	1,493	1,488
Part-time	944	1,146	959	1,619	1,896	2,069	2,177	2,329	2,566	2,631
Vacancy Rate**	5.9%	3.7%	6.0%	6.6%	5.9%	4.7%	4.7%	4.9%	4.9%	7.9%
Vacancies	128	84	154	193	206	172	181	196	210	355

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

1 - Census data represent the number of faculty on October 15th of the given year.

2 - Faculty vacancies were estimated based on the vacant FTEs reported.

In 2011-2012, 87 of 132 schools (65.9%) reported that faculty in their programs work an overloaded schedule, and 94.3% (n=82) of these schools pay the faculty extra for the overloaded schedule.

Overloaded Schedules for Faculty	Academic Year			
	2008-09	2009-10	2010-11	2011-12
Schools with overloaded faculty	81	84	85	87
Share of schools that pay faculty extra for the overload	92.6%	90.5%	92.9%	94.3%
Total number of schools	125	125	131	132

*These data were collected for the first time in 2008-09.

⁶ Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in California nursing schools.

Summary

Over the past decade, the number of California pre-licensure nursing programs has grown dramatically, increasing from 101 programs in 2002-2003 to 142 programs in 2011-2012. In the past four years, the share of nursing programs that partner with other schools to offer programs that lead to a higher degree has increased from 8% to 35%.

New student enrollments more than doubled in the ten-year period between 2000-2001 and 2009-2010, but since then new enrollments have been declining. In each of the past two years California's pre-licensure nursing programs have reported fewer admission spaces and new student enrollments than the previous year. Nursing programs continue to receive more qualified applications than they can admit. Qualified applications for the 2010-2011 declined significantly from the previous year, and despite another drop for ADN programs, in 2011-2012 they increased slightly overall (2.1%). This small gain was the result of growth in qualified applications to both BSN and ELM programs.

In 2011-2012, pre-licensure RN programs reported 10,814 completions, almost double the 5,623 completions reported in 2002-2003. In 2010-2011, nursing programs reported fewer students graduating from their programs compared to the previous year for first time in a decade. In 2011-2012 this decline was reversed, but only slightly (a 1.4% increase). If retention rates remain at current levels, the declining rate of growth among new student enrollments will likely lead to further declines in the number of graduates from California nursing programs. At the time of the survey, 17.5% of new nursing program graduates were unable to find employment.

Clinical simulation has become widespread in nursing education, with 97% (n=128) of schools reporting using it in some capacity. It is seen by schools as an important tool for providing clinical experiences that are otherwise not available to students, and for standardizing students' clinical experiences and monitoring clinical competencies. The importance of clinical simulation is underscored by data showing an increase in out-of-hospital clinical placements and an increasing share of programs that report being denied access to clinical placement sites that were previously available to them. In addition, 76% of schools (n=100) reported that their students had faced restrictions to specific types of clinical practice during the 2010-2011 academic year.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has more than doubled in the past ten years, from 2,031 in 2003 to 4,119 in 2012, faculty hires have not kept pace with the growth in California pre-licensure nursing programs. In 2012, 355 faculty vacancies were reported, representing a faculty vacancy rate of 7.9%. This is the highest reported rate over the past ten years, and a shortage of faculty remains one of the key obstacles to RN program expansion.

APPENDICES

APPENDIX A – List of Survey Respondents by Degree Program

ADN Programs (80)

American River College	Los Angeles Valley College
Antelope Valley College	Los Medanos College
Bakersfield College	Mendocino College
Butte Community College	Merced College
Cabrillo College	Merritt College
Cerritos College	Mira Costa College
Chabot College	†Modesto Junior College
Chaffey College	Monterey Peninsula College
Citrus College	Moorpark College
City College of San Francisco	Mount Saint Mary's College
College of Marin	Mount San Antonio College
College of San Mateo	Mount San Jacinto College
College of the Canyons	Napa Valley College
College of the Desert	Ohlone College
College of the Redwoods	†Pacific Union College
College of the Sequoias	Palomar College
Contra Costa College	Pasadena City College
Copper Mountain College	Pierce College
Cuesta College	Porterville College
Cypress College	Rio Hondo College
De Anza College	Riverside City College
East Los Angeles College	Sacramento City College
El Camino College - Compton Education Center	Saddleback College
El Camino College	San Bernardino Valley College
Everest College	San Diego City College
Evergreen Valley College	San Joaquin Delta College
Fresno City College	San Joaquin Valley College
Glendale Community College	Santa Ana College
Golden West College	Santa Barbara City College
Grossmont College	Santa Monica College
Hartnell College	Santa Rosa Junior College
Imperial Valley College	Shasta College
*ITT Technical Institute	Shepherd University
Kaplan College (<i>formerly Maric College</i>)	Sierra College
Long Beach City College	Solano Community College
Los Angeles City College	Southwestern College
Los Angeles County College of Nursing & Allied Health	Ventura College
Los Angeles Harbor College	Victor Valley College
Los Angeles Southwest College	West Hills College Lemoore
Los Angeles Trade-Tech College	Yuba College

LVN to ADN Programs Only (7)

Allan Hancock College
Carrington College (*formerly Western Career College – Sacramento*)
College of the Siskiyous
Gavilan College

Mission College
Reedley College at Madera Community College Center
Unitek College

BSN Programs (39)

American University of Health Sciences
Azusa Pacific University
Biola University
California Baptist University
CSU Bakersfield
†CSU Channel Islands
CSU Chico
CSU East Bay
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
CSU Northridge
CSU Sacramento
†CSU San Bernardino
†CSU San Marcos
†CSU Stanislaus
Concordia University Irvine
Dominican University of California
Holy Names University

Humboldt State University
Loma Linda University
Mount Saint Mary's College
†National University
Point Loma Nazarene University
†Samuel Merritt University
San Diego State University
†San Francisco State University
Simpson University
Sonoma State University
University of California Irvine
University of California Los Angeles
University of Phoenix - Northern California
University of San Francisco
The Valley Foundation School of Nursing at San Jose State University
West Coast University – Inland Empire
West Coast University – Los Angeles
West Coast University – Orange County
Western Governors University

ELM Programs (16)

†Azusa Pacific University
California Baptist University
CSU Dominguez Hills
CSU Fresno
CSU Fullerton
CSU Long Beach
CSU Los Angeles
Charles R. Drew University
†Samuel Merritt University

†San Francisco State University
United States University
(*formerly InterAmerican College*)
University of California Los Angeles
University of California San Francisco
University of San Diego
University of San Francisco
Western University of Health Sciences

† Reported student data for satellite campuses

* - New programs in 2011-2012

APPENDIX B – BRN Education Issues Workgroup

BRN Education Issues Workgroup Members

Members

Loucine Huckabay, Chair
 Audrey Berman
 Liz Close
 Brenda Fong
 Patricia Girczyc
 Marilyn Herrmann
 Deloras Jones
 Stephanie Leach
 Judy Martin-Holland
 Tammy Rice

Organization

California State University, Long Beach
 Samuel Merritt University
 Sonoma State University
 Community College Chancellor's Office
 College of the Redwoods
 Loma Linda University
 California Institute for Nursing and Health Care
 Kaiser Foundation Health Plan
 University of California, San Francisco
 Saddleback College

Ex-Officio Member

Louise Bailey California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock California Board of Registered Nursing

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.7

DATE: February 6, 2013

ACTION REQUESTED: Information Only: NCLEX Pass Rate Update

REQUESTED BY: Katie Daugherty, MN, RN, NEC

BACKGROUND:

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES

January 1, 2012- December 31, 2012*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	10,758	89.94
United States and Territories	150,261	90.34

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters and Year January 1, 2012-December 31, 2012*

1/01/12- 3/31/12		4/01/12- 6/30/12		7/01/12- 9/30/12		10/01/12- 12/31/12		1/01/12- 12/31/12	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
3,258	92.11	2,707	90.62	3,482	89.57	1,311	84.13	10,758	89.94

**Includes (4), (1), (5) and (5) "re-entry" candidates and reflects the 2010 NCLEX-RN Test Plan and the current passing standard (-0.16 logits) that remain in effect until 3/31/13.*

Effective April 1, 2013, the 2013 NCLEX-RN Test Plan and the new Passing Standard of 0.00 logit will be implemented and remain effective through March 31, 2016. A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties. Please refer to the attached NCSBN Press Release for further detail.

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1-June 30), if there is substandard performance (below 75% pass rate for first time candidates), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

NEXT STEP(s): Continue to monitor results

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Katie Daugherty, MN, RN
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California Board of Registered Nursing

**NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type**

Academic Year July 1, 2012-June 30, 2013

Academic Year July 1-June 30	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass	2012-2013 Cumulative Totals
National US Educated- All degree types *	51,025 (88.7)	12,426 (84.4)			
CA Educated- All degree types*	3,482 (89.5)	1,311 (84.1)			
National-Associate Degree rates**	27,606 (87.8)	6,875 (82.1)			
CA-Associate Degree rates**	2,086 (90.2)	523 (81.8)			
National-BSN+ELM rates**/**	22,024 (89.7)	5,255 (87.2)			
CA-BSN+ELM rates**/**	1,389 (88.4)	783 (85.5)			

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

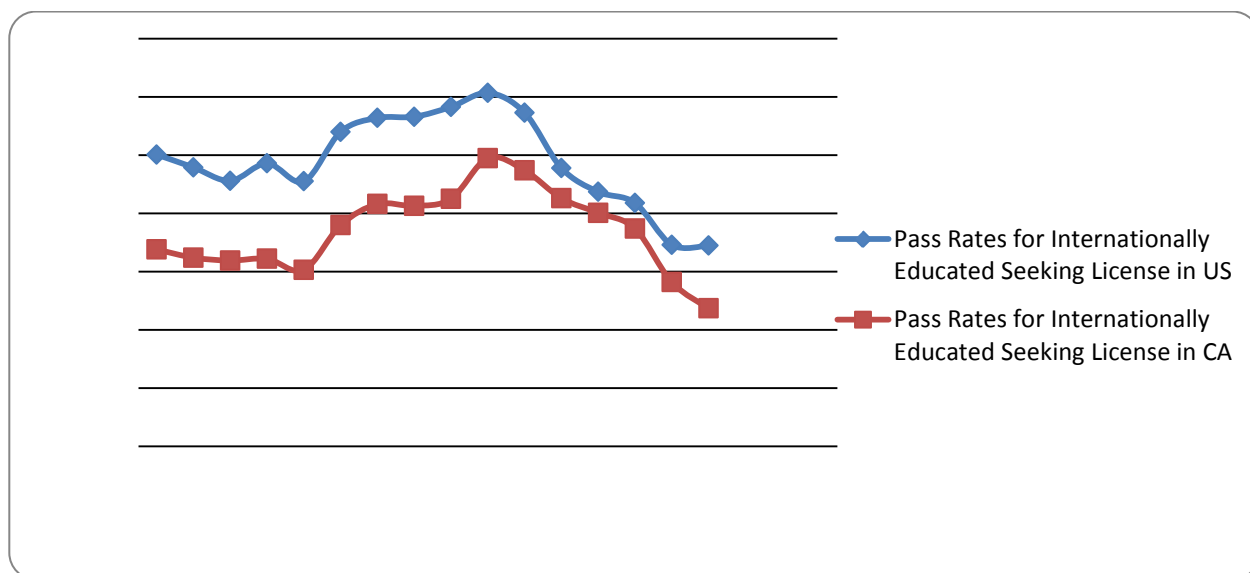
**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

*** Historically, ELM programs have been included in the BSN degree category by NCSBN.

Note: This report includes any quarter to quarter corrections NCSBN has made in data.

Source: National Council of State Boards Pass Rate Reports

California Board of Registered Nursing Comparison of National and California NCLEX Pass Rates Internationally Educated First Time Candidates



Year	Intl. Edu. Seeking Licensure in a U.S. Jurisdiction				Intl. Edu. Seeking Licensure in California			
	#Tested	%Pass			#Tested	%Pass		
July 1–June 30	#Tested	%Pass			#Tested	%Pass		
96-97	7,147	50.1			1,817	33.8		
97-98	6,322	47.9			1,928	32.4		
98-99	5,931	45.6			1,867	31.9		
99-00	7,051	48.6			2,067	32.2		
00-01	7,355	45.5			2,546	30.3		
01-02	9,339	54.0			3,611	38.0		
02-03	14,766	56.4			4,844	41.6		
03-04	17,773	56.6			5,901	41.3		
04-05	17,584	58.3			5,500	42.5		
05-06	20,691	60.7			6,726	49.5		
06-07	31,059	57.3			11,444	47.4		
07-08	32,420	47.8			14,385	42.6		
08-09	26,517	43.7			14,740	40.1		
09-10	18,122	41.8			10,195	37.4		
10-11	11,397	34.6			5,854	28.2		
11-12	8,577	34.5			3,040	23.7		
12-13								

Source: NCSBN and CA BRN ATS Reports

Year to Year pass rate changes may be due to one or more factors, including, but not limited to:

- *Global economy changes and changes in the RN labor market (fewer RN retirements/less turnover; etc.) in the U.S.
- *Retrogression (limited visas available); slowed recruitment of internationally educated RNs by U.S. employers
- *2010 BRN Social Security number requirements for all applicants
- *Differences in international nursing education as compared with the U.S.; English language proficiency
- *Differences in a country's nursing regulations and scope of practice as compared to the U.S.
- *Differences in health care delivery systems as compared with the U.S.
- *Differences in candidate preparation for the NCLEX examination as compared with the U.S.

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NCSBN Board of Directors (BOD) Voted to Raise the Passing Standard for the NCLEX-RN Examination at its Meeting on Dec. 17, 2012

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1/8/2013

NCSBN Board of Directors (BOD) Voted to Raise the Passing Standard for the NCLEX-RN Examination at its Meeting on Dec. 17, 2012

Media Contact: Dawn M. Kappel
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FOR IMMEDIATE RELEASE

Chicago - The National Council of State Boards of Nursing (NCSBN) voted on Dec. 17, 2012, to raise the passing standard for the NCLEX-RN Examination (the National Council Licensure Examination for Registered Nurses). The passing standard will be revised from the current -0.16 logits* to **0.00 logit** beginning April 1, 2013, with the implementation of the *2013 NCLEX-RN Test Plan*. The new passing standard will remain in effect through March 31, 2016.

After consideration of all available information, the NCSBN BOD determined that safe and effective entry-level registered nurse (RN) practice requires a greater level of knowledge, skills, and abilities than was required in 2009 when NCSBN implemented the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The BOD used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 12 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN BOD evaluates the passing standard for the NCLEX-RN Examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A PDF of the *2013 NCLEX-RN Test Plan* is available free of charge from the NCSBN website.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 12 associate members. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Media inquiries may be directed to the contact listed above. Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at 1.866.293.9600 or nclexinfo@ncsbn.org.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

*A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties.

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BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 9.8
DATE: February 6, 2013

ACTION REQUESTED: Licensing Program Report

REQUESTED BY: Michael Jackson, BSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Program Update:

The Board of Registered Nursing Licensing Program has processed the majority of the applications for graduates wanting to take the National Licensure Examination for Registered Nurses, NCLEX-RN. As previously reported we are finding more nursing programs do not submit documentation until after the graduation date and issuance of the final, official transcript. This helps to ensure students have met all degree and nursing requirements.

The Licensing Unit received and processed a total of 2,174 applications for California graduates between November 29, 2012 and January 15, 2013. Of this number 1,374 were deemed eligible for the NCLEX-RN examination.

The Board is now receiving official transcripts for the recent graduates. Each transcript is evaluated to ensure all required course work has been completed, and a degree with conferral date is posted. If the applicant is a non-graduate, LVN-30 unit option student or in an entry level master's program, staff compares the date nursing requirements were completed (provided on the Individual Candidate Roster) with the dates of the final semester/quarter.

In mid-December, a Philippine delegation led by Dr. Patricia Licuanan, Chairperson for the Commission on Higher Education (CHED) and two members of the Technical Committee on Nursing Education for CHED came to discuss issues and concerns relating to Philippine graduates seeking licensure in California. In attendance were: Louise Bailey, Executive Officer, Stacie Berumen, Assistant Executive Officer, Christina Sprigg, Deputy Chief of Licensing and Administrative Services, Bobbi Pierce, Licensing Program Manager, Dana Cordova and Larlee Walters Licensing Analysts, and Nancy Hoff and Marife Sevilla representing the Philippine Nurses Association of America (PNAA). Board Member Michael Jackson and Miyo Minato, Supervising Nursing Education Consultant were able to join the discussion by telephone.

Issues discussed:

- Non-concurrency; not all nursing programs are following the curriculum specified by CHED
- Format of transcripts, specifically the Related Learning Experience (clinical) portion needs to be updated to provide a more accurate depiction of the student's education

- Questionable nursing schools. CHED will be providing the Board with a list of all approved nursing schools in the Philippines. CHED is in the process of closing nursing schools and a list of these schools will also be provided.

Statistics:

The statistics for the last two fiscal years and the first six and one-half months of fiscal years 2012/12 are attached. The increase in the number of applications can be attributed to new graduates sending in applications in advance of graduation.

Issues:

- The Board still receives questionable transcripts from all over the world. The following is a breakdown of documents received from January 1, 2012 through January 15, 2013:

COUNTRY	NUMBER	DESCRIPTION
Armenia	2	Submitted transcript – did not attend program
Haiti	5	Transcripts are identical – same hours and grades for each applicant
Indonesia	1	Submitted transcript – did not attend program
Jamaica	1	Submitted transcript – did not attend program
Nigeria	4	Submitted transcript – did not attend program
Philippines	7	Submitted transcript – did not attend program

We routinely ask nursing programs to verify their graduates in writing. Some programs will provide a list, while other programs are not as cooperative. In many cases, our issues with the countries on this table have been on-going for a number of years.

During this period of time the issue seen most frequently was clinical practice not completed concurrently with the associated theoretical instruction.

- We are receiving applications from Canadian educated applicants who do not meet requirements in Obstetrics, Pediatrics and Psychiatric nursing. This can be attributed to the fact that in some nursing programs these areas of nursing are considered “electives”, so a minimal number of theoretical and clinical practice hours are required. The main focus of these programs is Medical-Surgical Nursing.
- Another issue involves applicants who were found not eligible because they did not attend and complete a nursing program. Now many years later (in a recent case eight (8) years has passed), the former applicant remembers they did complete a nursing program so they reapply and the school forwards a transcript for this nursing program. When asked why

this information was not provided previously, the response is, “I forgot I went to nursing school.” We find this questionable.

NEXT STEPS:

FISCAL IMPACT, IF ANY:

None

PERSON TO CONTACT:

Bobbi Pierce, Staff Services Manager 1
Licensing Standards and Evaluations
(916) 515-5258

**CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS**

	FISCAL YEAR 2010/11			FISCAL YEAR 2011/12			FISCAL YEAR 2012/13 (July 1, 2012 to January 15, 2013)		
DESCRIPTIONS	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDNG	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEATERS	34,559	5,933	23,150	37,226	4,725	22,853	15,885	9,799	12,075
CLINICAL NURSE SPECIALISTS	200	97	197	246	101	200	122	87	139
NURSE ANESTHETISTS	148	22	145	185	31	169	120	36	116
NURSE MIDWIVES	44	18	48	74	21	58	27	17	29
NURSE MIDWIFE FURNISHING NUMBER	23	6	23	37	4	37	13	6	12
NURSE PRACTITIONERS	838	263	917	1,273	248	1,161	643	151	730
NURSE PRACTITIONER FURNISHING NUMBER	699	65	751	894	149	857	458	103	461
PSYCH/MENTAL HEALTH LISTING	8	5	6	8	10	2	8	16	1
PUBLIC HEALTH NURSE	2,679	343	2,712	3,032	474	2,853	1,522	566	1,673

**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1

DATE: February 6, 2013

ACTION REQUESTED: **Information Only**

REQUESTED BY: Janette Wackerly, MBA, RN, SNEC

BACKGROUND: Residency Program and Transitional Care Program, speaker
Nikki West, MPH, Program Director California Institute for
Nursing & Health Care

NEXT STEPS: **None**

FISCAL IMPACT, IF ANY: **None**

PERSON(S) TO CONTACT: Janette Wackerly, MBA, RN, SNEC
Supervising Nursing Education Consultant
916-574-7600

Transition to Practice Programs – Helping Nurses Find Jobs

BRN Nursing Practice Committee
January 9, 2013

Organized through CINHC: CA Nursing Workforce Center

- * Began program work in 2003
- * Established to ensure that California has the nursing workforce needed to meet the health care needs of the state
- * Focus continues on nursing workforce issues

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RN Job Growth Picture

- * CA EDD forecasts that ~ 10,500 new nurses needed annually for growth and replacement through 2018
- * In 2011, there were 10,666 newly graduated nurses in CA
- * Demand/pipeline is in balance

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Hiring dilemma of new graduate RNs... gathering data

- * Capacity has been built and stabilized
- * Due to the economic recession, new graduate RNs are having difficulty finding RN positions
- * Hospital and new graduate surveys indicate approximately 40% of CA new graduates were not employed as RNs
- * Barriers cited by new graduate RNs: no experience - 92%; no positions – 54%
- * 80% indicated interest in participating in an internship. If available, 76% would work in non-acute setting

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Forming Transition to Practice Programs

- * National work – NCSBN Transition to Practice model and study
- * Review of existing evidence
- * Regional forums were held across California to review survey information and discuss solutions

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Transition to Practice Program Goals

- * Keep new graduate RNs engaged in the workforce
- * Provide increased experience
- * Offer guided mentoring and education
- * Improve chances of employability
- * Meet regional nursing workforce needs

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Transition Program Common Characteristics

- ◊ Post-licensure... RN participants have passed NCLEX
- ◊ Housed within a school of nursing with participants enrolled as students
- ◊ Receive academic credit or continuing education credit
- ◊ 12 to 18 weeks in length, minimum 24 hours per week
- ◊ Training for various clinical settings
- ◊ Clinical partners and schools develop curriculum

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Transition Program Common Characteristics

- ◊ Incorporate clinical, didactic, simulation lab, and web based learning with a focus on patient safety and patient advocacy
- ◊ Clinical partners provide mentors and special topic lecturers
- ◊ Schools of nursing provide liability coverage and faculty
- ◊ Training made available to mentors
- ◊ Evaluate employability and improved competence and confidence based on common evaluation tool
- ◊ Award common Certificate of Completion

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Transition to Practice Pilot Projects

Nursing schools partners included:

- ◊ A collaboration of schools including Evergreen Community College and San Jose State University
- ◊ California State University, East Bay
- ◊ Samuel Merritt University
- ◊ University of San Francisco

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Findings from Pilot Projects

- ◊ Data analysis demonstrated increased competencies and confidence
- ◊ Employment rates were higher (over 80%) than the overall rate of new graduate nursing employment (at 43%), with participants earning positions as staff nurses in acute and non-acute settings

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Statewide Replication

- ◊ 28 school/clinical site Transition to Practice partnerships have formed in CA using the framework of the pilot sites
- ◊ 13 programs are offered through community colleges
- ◊ Each uses core evaluation tools, CINHC working with programs to ensure consistency in collecting data and to analyze data regarding impact of programs and provide Certificate of Completion
- ◊ >900 new graduate RNs have participated since Winter 2010

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Next Steps...

- ◊ Continue with replication of Transition to Practice Programs using same evaluation tools and principles
- ◊ Work with other groups exploring impact of similar programs to identify benefits and potential role (staying in touch with NCSBN and its Transition to Practice study)
- ◊ Explore and offer programs in primary care, home health, hospice, school nursing, and long-term care

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